

2000 UNIFORM BUSINESS REPORT (UBR)

6/28/00

DOCUMENT # **P98000050739** ✓

06-05-2000 90016024 ***150.00

1. Entity Name

Media News Service & Publishing Co.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 AM 9:07

00052630

Principal Place of Business

Mailing Address

150 OSFORD ST
STE 100
FERN PARK FL 32730

P O Box 150853
ALTAMONTE SPRINGS FL 32715
US

2. Principal Place of Business

3. Mailing Address

150 Oxford Rd

Suite, Apt. #, etc.
Ste 100

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3192542

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, BARBARA
314 NEWBURYPORT AVE
ALTAMONTE SPRINGS FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$250.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	☐ Delete
NAME	MARTIN, BARBARA	
STREET ADDRESS	314 NEWBURYPORT AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Martin

4/27/00 407-834-3416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CIT2ED34 (9/99)

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