

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

05-27-2002 90432 004 \*\*\*150.00  
P98000083584

FILED

02 JUN 19 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083584

1. Entity Name

Media Information Group, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

314 Second Ave. South

3. Mailing Address

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

Jacksonville Beach

City & State

Zip

32250

Country

U.S.A.

Zip

Country

4. FEI Number

59-3535219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Randal C. Fairbanks

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

217 Ponte Vedra Park Dr.

City

Ponte Vedra Beach

FL

Zip Code

32082

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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IN THIS SPACE**

6/6/19

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Penny Minge Kamish

Penny Minge Kamish 4/30/02 904 396 7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)