2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

May 12, 2000 8:00 am Secretary of State DOCUMENT # **P98000096633** MEDIAFLEX, INC. 05-12-2000 90037 045 ***150.00 Mailing Address Principal Place of Business CC1012, 2400 SOUTH OCEAN DR. CC1012, 2400 SOUTH OCEAN DR. FORT PIERCE FL 34949 FORT PIFROF FI 34949 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-088 1949 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required _ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALAIN, MAGELLA Street Address (P.O. Box Number is Not Acceptable) CC1012, 2400 SOUTH OCEAN DR. **FORT PIERCE FL 34949** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE ALAIN, SERGE NAME NAME CC1012, 2400 SOUTH OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **FORT PIERCE FL 34949** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED