

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90105 003 ***150.00

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1. Entity Name
MEDIUM COOL COMMUNICATIONS, INC.

Principal Place of Business
4020 WOODRIDGE RD
MIAMI FL 33133

Mailing Address
4020 WOODRIDGE RD
MIAMI FL 33133



2. Principal Place of Business
3421 N. Moorings Way
Suite, Apt. #, etc.

3. Mailing Address
3421 N Moorings Way
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami

City & State
Miami

4. FEI Number 65-0877329

Applied For
Not Applicable

Zip 33133

Country

Zip 33133

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, BERNARD
4020 WOODRIDGE RD
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name B. Goldberg, Bernard
Street Address (P.O. Box Number is Not Acceptable)
3421 N Moorings Way
City Miami FL Zip Code 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GOLDBERG, BERNARD
STREET ADDRESS 4020 WOODRIDGE RD
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3421 N. Moorings Way
CITY-ST-ZIP Miami, FL 33133

TITLE TR
NAME EISENSTEIN, MARTIN
STREET ADDRESS 8 SPARMAN PL
CITY-ST-ZIP SECAUCUS NJ 07094 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/03 (305)443 1197

CR2E034 (10/02)