2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9900005879 Mar 27, 2000 8:00 am 1. Entity Name MEDIA SYSTEMS, INC. **Secretary of State** 03-27-2000 90082 007 ***150.00 Mailing Address Principal Place of Business 11960 RACE TRACK ROAD 11960 RACE TRACK ROAD TAMPA FL 33625-4010 **TAMPA FL 33626** 3. Mailing Address 2. Principal Place of Business 13802 SUMAC PLACE <u>3802 SUMAC PLACE</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State TAMPA FL. TAMPA 59-3558962 Not Applicable 33625 Country しらみ \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33625 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOYLE R. THORNTON THORNTON, DOYLE R Street Address (P.O. Box Number is Not Acceptable) 11960 RACE TRACK ROAD TAMPA FL 33626 City TAMPA 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. DOYCE R. THORNTON *3-23-∞* FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE PRESIDENT Change Addition TITLE Delete DOYLE R. THORNTON 13802 SUMAC PL THORNTON, DOYLE R NAME NAME STREET ADDRESS STREET ADDRESS 11960 RACE TRACK ROAD CITY-ST-ZIP TAMPA, FC 33625 CITY-ST-ZIP TAMPA FL 33626 Addition ☐ Change PRESIDENT ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ____ Change __ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP П Сһалде ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 1 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.