

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000014029**1. Entity Name  
MEDIA COLLECTIVE, INC.

|   |   |
|---|---|
| Principal Place of Business<br>807 RENAISSANCE POINTE BLVD.,STE.302<br><br>ALTAMONTE SPRINGS FL 32714 | Mailing Address<br>807 RENAISSANCE POINTE BLVD.,STE.302<br><br>ALTAMONTE SPRINGS FL 32714 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>408 SUMMIT RIDGE PLACE STE. 314 | 3. Mailing Address<br>408 SUMMIT RIDGE PLACE STE. 314 |
|---|---|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>LONGWOOD FL | City & State<br>LONGWOOD FL |
|-----------------------------|-----------------------------|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3560220 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>32779 | Country<br>US | Zip<br>32779 | Country<br>US |
|--------------|---------------|--------------|---------------|

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**GRILLOTTI RICHARD P/T  
807 RENAISSANCE POINTE BLVD.,STE.302  
  
ALTAMONTE SPRINGS FL 32714Name  
GRILLOTTI RICHARD P/T  
Street Address (P.O. Box Number is Not Acceptable)  
408 SUMMIT RIDGE PLACE STE. 314  
  
City  
LONGWOOD FL Zip Code  
32779

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 \_\_\_\_\_ DATE **04/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00**  
**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          | P/T                                   | <input type="checkbox"/> Delete |
| NAME           | GRILLOTTI RICHARD P/T                 |                                 |
| STREET ADDRESS | 807 RENAISSANCE POINTE BLVD. STE. 302 |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714            |                                 |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | P/T                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GRILLOTTI RICHARD P/T           |  |
| STREET ADDRESS | 408 SUMMIT RIDGE PLACE STE. 314 |  |
| CITY-ST-ZIP    | LONGWOOD FL 32779               |  |

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| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP    |   |

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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: Richard Grillotti  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P/T 04/23/2001

Date

Daytime Phone #

CR2E034 (11/00)