

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000041376**

1. Entity Name

MARKETING COMMUNICATIONS NETWORK, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 5:19

AUU78273

Principal Place of Business

1095 SHIPWATCH CIRCLE
TAMPA FL 33602

Mailing Address

1095 SHIPWATCH CIRCLE
TAMPA FL 33602

2. Principal Place of Business

Same as above
Suite, Apt. #, etc.
1095 Shipwatch Circle

3. Mailing Address

1095 Shipwatch Circle
Suite, Apt. #, etc.

City & State

Tampa FLA

City & State

Tampa FLA

4. FEI Number

59-3585209

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

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

6. Name and Address of Current Registered Agent

RUSSO, LINDA
1095 SHIPWATCH CIRCLE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

DATE

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing.
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME President
STREET ADDRESS Linda Russo
CITY-ST-ZIP 1095 Shipwatch Circle
Tampa FL 33602TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003491246
CITY-ST-ZIP -12/08/00--01012--019
****400.00 ☐ Change ☐ AdditionTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/2000

813-274-1895

Daytime Phone #