

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0045308 AV

DOCUMENT # P99000065568

1. Entity Name
MEDIA OPTIONS, INC.

04-11-2002 90071 021 ***150.00

Principal Place of Business
**2978 GIVERNY CIR.
 TALLAHASSEE FL 32308**

Mailing Address
**P O BOX 16051
 TALLAHASSEE FL 32317**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 16091
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3595164** Applied For Not Applicable

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

Zip **32309** Country Country Zip Country

~~6. Name and Address of Current Registered Agent~~ ~~7. Name and Address of New Registered Agent~~

THOMPSON, MAUREEN L
2978 GIVERNY CIR.
TALLAHASSEE FL 32308

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 _____ DATE _____
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD THOMPSON, MAUREEN L 2978 GIVERNY CIR TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: M.L. Thompson **M.L. Thompson** 3/22/02 850.668.0948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)