

UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 12, 2000 8:00 am
Secretary of State

04-03-2000 90149 036 ***150.00

DOCUMENT # P99000092955

1. Entity Name
MEDIA ACTIVE, INC.

Principal Place of Business

**5708 PECAN ROAD
OCALA FL 34472**

Mailing Address

**P.O. BOX 830631
OCALA FL 34483-0631**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3605798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAGER, JAY AUSTIN
5708 PECAN ROAD
OCALA FL 34472**

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 reinstating)

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 \$150.00
After MAY 1, 2000 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

TITLE **P** ☐ Delete
NAME **HAGER, JAY AUSTIN**
STREET ADDRESS **5708 PECAN ROAD**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **S** ☐ Delete
NAME **HAGER, RONALD MARK**
STREET ADDRESS **4700 S.E. 19TH AVENUE**
CITY-ST-ZIP **OCALA FL 34478**

TITLE **T** ☐ Delete
NAME **HAGER, JASON ROBERT**
STREET ADDRESS **RT. 1 BOX 626D, WHITTEN RIDGE RD.**
CITY-ST-ZIP **MILTON WV 25541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(f), 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: Jay Austin Hager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

352-687-8923

Daytime Phone #

CR2E034 (9/99)