2001 UNIFORM BUSINESS REPORT (UBR)

00093759 AV

DOCUMENT # P99000097560

1. Entity Name
MEDIA SOURCE CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -4 PM 4:26

Principal Place of Business	Mailing Address
1339 WALES DRIVE FORT MYERS FL 33901	1339 WALES DRIVE FORT MYERS FL 33901

REINSTATEMENT 01
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2429 FIRST ST.	SAME AS #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State
Zip: 33901 Country: USA	Zip Country

4. FEI Number 65-0983353 ☐ Applied For ☐ Not Applicable

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
CAMPBELL, KYLE 1339 WALES DRIVE FORT MYERS FL 33901	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 Kyle Campbell DATE 10/1/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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	P CAMPBELL, KYLE 1339 WALES DRIVE FORT MYERS FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, KEVIN 2271-WEST FIRST STR FORT MYERS FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004649735--5 -10/23/01--01042--006 ****750.00 ****750.00
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CR2E034 (5/01)

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: Kyle Campbell 10/1/01 941-931-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #