

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90150 031 ***158.75

04/01/03 AV

DOCUMENT # S51686

1. Entity Name
MEDIA INNOVATIVE TECHNOLOGIES, INC.



Principal Place of Business
**6351-39TH ST N
SUITE 220
PINELLAS PARK FL 34665
US**

Mailing Address
**P.O. BOX 7454
ST PETERSBURG FL 33734-7454**

2. Principal Place of Business
3536 ENTERPRISE ROAD EAST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1226
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SAFETY HARBOR, FL
Zip
34695-5407 Country
USA

City & State
SAFETY HARBOR, FL
Zip
34695-1226 Country
USA

4. FEI Number
59-3076862 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMBTON, THOMAS RANDALL
SUITE 220
6351-39TH ST N
PINELLAS PARK FL 34665**

7. Name and Address of New Registered Agent

Name
LAMBTON, THOMAS RANDALL
Street Address (P.O. Box Number is Not Acceptable)
3536 ENTERPRISE ROAD EAST
City
SAFETY HARBOR FL Zip Code
34695-5407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
THOMAS RANDALL LAMBTON, PRESIDENT

[Signature]

4/01/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAMBTON, THOMAS RANDALL SUITE 220 6351-39TH ST N PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBTON, THOMAS RANDALL SUITE 220 6351-39TH ST N PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAMBTON, THOMAS RANDALL 3536 ENTERPRISE ROAD EAST SAFETY HARBOR, FL 34695-5407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBTON, THOMAS RANDALL 3536 ENTERPRISE ROAD EAST SAFETY HARBOR, FL 34695-5407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **THOMAS R. LAMBTON**

4/01/03

727-725-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)