

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96353

1. Entity Name

MEDIA DIMENSIONS, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90032 011 \*\*\*150.00

Principal Place of Business Mailing Address  
1855 GRIFFIN RD., STE B487 1855 GRIFFIN RD., STE B487  
DANIA FL 33004 DANIA FL 33004-2242

600190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
3650 HACIENDA BLVD 3650 HACIENDA BLVD

Suite, Apt., etc.

Suite, Apt., etc.

SUITE D

SUITE D

City & State

City & State

DAVIE, FL

DAVIE, FL

4. FEI Number 65-0338680

Applied For

Not Applied

Zip

Country

Zip

Country

33314

USA

33314

U.S.A

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

LYNN, DAVID  
1855 GRIFFIN RD  
B-487  
DANIA FL 33004

Name

LYNN, DAVID

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

3650 HACIENDA BLVD

SUITE D

City

DAVIE

FL

Zip Code

33314

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

1/5/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LYNN, DAVID	
STREET ADDRESS	1855 GRIFFIN RD., STE B-487	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, CONNIE	
STREET ADDRESS	1855 GRIFFIN RD., B487	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	3650 HACIENDA BLVD, SUITE D
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	3650 HACIENDA BLVD, SUITE D
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

954-791-9200

Daytime Phone #