

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State
 07-18-2000 90088 015 ***150.00

DOCUMENT # V58169

1. Entity Name
MULTIMEDIA EDGE, INC.

Principal Place of Business

**473 CHERYL COURT
 JACKSONVILLE FL 32259**

Mailing Address

**473 CHERYL COURT
 JACKSONVILLE FL 32259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3136251**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HENDERSON, DONALD J.
 473 CHERYL COURT
 JACKSONVILLE FL 32259**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. 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 **V** ☐ Delete
 NAME **HENDERSON, ERIC J**
 STREET ADDRESS **473 CHERYL COURT**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **PTD** ☐ Delete
 NAME **HENDERSON, PATRICIA A.**
 STREET ADDRESS **473 CHERYL COURT**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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: *Patricia A. Henderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

V58169

Bernard Jay Shainbrown CPA, PA

Certified Public Accountants
3121 Venture Place, Suite 2
Jacksonville, FL 32257
(904) 260-0127
Fax (904) 260-9766

AD068115

July 11, 2000

Hon. Katherine Harris
Division of Corporations
Uniform Business Reports Section
P.O. Box 6327
Tallahassee, FL 32314

Re: 2000 Uniform Business Report
MultiMedia Edge, Inc.

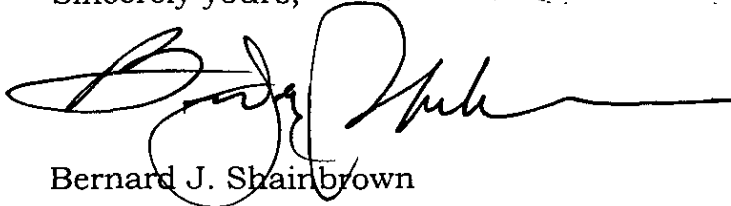
Dear Secretary of State Harris:

In connection with our telephone conversation of this morning with your office, please note the above listed Corporation/taxpayer did not receive the original report form. This is its initial year of filing a Uniform Business Report under the current name and we respectfully request you accept the enclosed payment of \$150.00.

Should you have any questions or need any additional information, please do not hesitate to contact me.

Thank you very much for your cooperation on this matter.

Sincerely yours,



Bernard J. Shainbrown

Enclosure(s)