## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CIGNATURE.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700000180 (6)

NEW MEDIA TELECOMMUNICATIONS, INC.

Principal Place of Business Mailing Address 4225 EXECUTIVE SQUARE. SUITE 1070 4225 EXECUTIVE SQUARE. SUITE 1070 LA JOLLA CA 92037 LA JOLLA CA 82037 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 33-0489547 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zφ Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent NRAI SERVICES, INC. 81 Name 528 E. PARK AVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE WEISZ, JONATHAN NAME 1.2 NAME CR2E034 4225 EXECUTIVE SQUARE, SUITE 1070 STREET ADDRESS 1.3 STREET ADDRESS LA JOLLA CA 92037 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 T(T) F DONOVAN, CLAIRE NAME 2.2 NAME 4225 EXECUTIVE SQUARE, SUITE 1070 STREET ADDRESS 2.3 STREET ADDRESS LA JOLLA CA 92037 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 54 CITY-SY-ZIP DELETE Change Addition 61 TITLE

6.2 NAME

6 3 STREET ADDRESS

64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental armual 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 12 or Block 13 if changed, or or an attributent with an address.