

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90211 005 \*\*\*158.75

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000004649**

1. Corporation Name  
**MID-AMERICA TAPING & REELING, INC.**



Principal Place of Business 121 EXCHANGE BLVD. GLENDALE HEIGHTS IL 60139	Mailing Address 121 EXCHANGE BLVD. GLENDALE HEIGHTS IL 60139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/14/1998</b>	
21		26		4. FEI Number <b>36-3333114</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STUBBS, BARBARA L</b> <b>6601 LYONS ROAD E-5</b> <b>COCONUT CREEK FL 33073</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCDT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PCDT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUBBS, BARBARA L</b>	1.2 NAME	<b>PAULS, BARBARA L</b>
STREET ADDRESS	<b>121 EXCHANGE BLVD.</b>	1.3 STREET ADDRESS	<b>121 EXCHANGE BLVD</b>
CITY-ST-ZIP	<b>GLENDALE HEIGHTS IL 60139</b>	1.4 CITY-ST-ZIP	<b>GLENDALE HEIGHTS IL 60139</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STUBBS, CAROLYN</b>	2.2 NAME	<b>ROBERT J. PAULS</b>
STREET ADDRESS	<b>121 EXCHANGE BLVD.</b>	2.3 STREET ADDRESS	<b>121 EXCHANGE BLVD</b>
CITY-ST-ZIP	<b>GLENDALE HEIGHTS IL 60139</b>	2.4 CITY-ST-ZIP	<b>GLENDALE HEIGHTS IL 60139</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **(630) 629-6646**

CR2E034 (1/98)