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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J05360 1. Corporation Name

MEDIA WORKS, INC.

OF CORPORATIONS 02-11-1999 90058 038 ***150.00

FILED Feb 11, 1999 8:00am Secretary of State

WILDIA **	CHICO, HIO						
Principal Place	e of Business	Mailing Address			(1001114 milt Buint miten feile danes uner		
2136 KINGS AVE	E .	2136 KINGS AVE.					
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207		DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed	10 01 1102	
					03/21/1986		ļ
2 Princinal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2660471	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	dditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	е	City & State			6. Election Campaign Financing	\$5:00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zíp		untry .	8. This corporation owes the current year	Intangible ☐ Yes	□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Registere	u Agent	
DIET	SCH, THERESA H			UT ITAINE			
	KINGS AVE.			82 Street A	Address (P.O. Box Number is Not Acceptable)		}
	(SONVILLE FL 32207			83			
UACI	CONVILLE 1 E SEEU			63		4 <u>- 155</u>	
				84 City	F	85 Zip (Code
	1. II	EO2 and CO7 1EO0 Elorida Status	oc the	above-named o	corporation submits this statement for the purpose		registered
11. Pursuant	to the provisions of Sections 607.05	ouz and bur. 1506, Florida Statu	ies, lite d	above-nameu c	ration's board of directors. I hereby accept the app	ointment as re-	pistered
onice or r	egistered agent, or both, in the Stat	te of Florida. Such change was a	iuthorize	ed by the corpo	ilation's boato of directors, I hereby accept the app	MINIMENT 43 10	9,010.0
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was a gations of, Section 607.0505, Flo	iuthorize	ed by the corpo	ilation's board of directors. Thereby accept the app	outment as re-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fig	iuthorize orida Sta	d by the corpo tutes.	,		
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agent. I and SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0505, Fig	erida Sta Registere	d by the corpo tutes. d Agent signature re	equired when reinstating) DATE		
agent. I at SIGNATURE 12. TITLE	m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	gations of, Section 607.0505, Fig. gent and title if applicable. (NOTE AND DIRECTORS	erida Sta Registere 13.	d by the corpo tutes.	equired when reinstating) DATE	AND DIRECTO	RS IN 12
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agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PSD DIETSCH, THERESA H. 2136 KINGS AVE.	gations of, Section 607.0505, Fig. gent and title if applicable. (NOTE AND DIRECTORS	Registere 13. 1.1 T 1.2 N	od by the corpo tutes. Id Agent signature re	equired when reinstating) DATE	AND DIRECTO	RS IN 12
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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 or an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 - 904-398-5518

CR2E034 (11/98)