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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078533 (1)

**FILED** Apr 14 1998 8:00am Secretary of State

MEDIA MAGIC PARTNERS, INC.				1	
					<b>Par</b> a 1 <b>111</b>
Principal Place of Business Mailing Address				To a state of the	
7154 N UNIVERSITY DRIVE ROOM 113 7154 N UNIVERSITY DRIVE			ROOM 113	·	
TAMARAC FL 33321 TAMARAC FL 33321				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
}				09/10/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65.0779/71	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	ы	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Country	8. This corporation owes or has paid the o	
24	25	<u> </u>	10	Personal Property Tax due June 30.	Yes Mo
	9, Name and Address of Cur		T	10. Name and Address of New Registere	d Agent
TILLEM, SCOTT E			81 Name		
10 FAIRWAY DR STE 219			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
DEERFIELD BCH FL 33441					
			83		
			B4 City		85 Zip Code
44 0	10.00	200 and 607 4600 Fledda Olah An	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F	
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.					
agent. I a	im familiar with, and accept the ob	iligations of, Section 607.0505, Flori	ida Statutes.		
SIGNATURE	Signature typed or printed name of registered	esent and the if applicable (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES, LEE		1.2 NAME		
STREET ADDRESS	8107 NW 71 COURT	-	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY - ST - ZIP		
TITLE	D ALLES AFE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES, LEE 8107 NW 71 COURT		2.2 NAME		
STREET ADDRESS	TAMARAC FL 33321		2.3 STREET ADORESS		
CITY-ST-ZIP TITLE	TAMPORO 1E GOGET	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		]
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		į
CITY-ST-ZIP		FISHETT	5.4 CITY - ST - ZIP		Change L Addition
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portify that the information outside	at the thine filling ato an and ampliful for	64 CITY-ST-ZIP	Section 119 07/3/ii\ Florida Statutes I further	cortifu that the information

Thereby verify that no information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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, it on an attachment with an address.