

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA7000100589  
1. Corporation Name  
Media Capital Partners Inc.

Principal Place of Business Mailing Address  
1256 S. Alhambra Circle  
Apt. # 4  
Coral Gables FL 33146

700002668287--5  
-10/20/98--01064--023  
DO NOT WRITE IN THESE SPACES \*\*\*550.00

3. Date Incorporated or Qualified  
November 26 1997

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 1256 S. Alhambra Circle 22 1256 S. Alhambra Circle  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Apt. # 4 27 Apt. # 4  
City & State City & State

23 Coral Gables FL 28 Coral Gables FL  
Zip Country Zip Country

24 33146 25 State 29 33146 30 State

9. Name and Address of Current Registered Agent  
Harold L. Lewis, Esq.  
Wabeer, Lewis & Rothman, LLP  
One Biscayne Tower, Suite 3600  
2. South Biscayne Boulevard  
Miami FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME President, Secretary, Treasurer  
STREET ADDRESS Adam Carson Peters  
CITY-ST-ZIP 1256 S. Alhambra Circle Apt. #4  
Coral Gables FL 33146

TITLE  DELETE  
NAME Director  
STREET ADDRESS Adam Carson Peters  
CITY-ST-ZIP 1256 S. Alhambra Circle Apt. #4  
Coral Gables FL 33146

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE: Adam Carson Peters  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Oct 1998  
Date Daytime Phone #

CR2E034 (10/97)