PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

DOCUMENT # P98000059882 1. Corporation Name GEFFEN MEDIA CONSULTING, INC.						-		04-01	l -1 99	9 9000	9 036	***1	.50.00	
D		Mailing Address				H.	29 (1 01) 113	I I DE LE LEGIT	Bâthi nei	le dåtte i Briår		E TOTALL II	Dice sign thin	
Principal Place 981 37TH PLACE														
VERO BEACH !														
					<u> </u>	D-to la		DO NO		E IN THIS	SPACE			٦
					3.		'/1998	ion or Go	STATE OF					1
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Nu	mber				T	App	lied For	1
21		26				65.	-08	857	<u> 75</u>	20			Applicable] [
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifica	ate of Sta	atus Desi	ired			75 Ad 18 Red	dditional	
22		27								تت ت	/- T		Aay Be	
City & State							und Con	iign Fina: tribution	ncing			at beb	•	{
23 Zip					8.				ne curre	nt year in	tangible			1
24	25	29 3	30				al Prope				☐ Yes		No	4
	9. Name and Address of Current	Registered Agent	\rightarrow	81 Name	10.	Name	and Add	ress of	New R	gistered	Agent			╣
MOC	ORE, JOHN E III	-	L	1										_
	BEACHLAND BOULEVARD	•	,			O. Box	Number	r is Not A	ccepta	ole)				
VER	O BEACH FL 32963		<u> </u>	83			~-							7
i				84 City							85	Zip Ci	ode	-{
			- 1	· '						FL	_ ¯			4 :
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes Florida. Such change was aut ons of, Section 607.0505, Florid	s, the ab thorized da Statu	ove-named coper by the corpor tes.	orporation ation's bo	n submit pard of d	s this str lirectors.	etement 1 . I hereby	or the p	the appo	ichangin intment (ng ns n as regi	egistered istered	
														J
SIGNATURE					_						_			
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title & applicable. (NOTE: F		Agent signature req	ured when ?	ninetabrig)				DATE				(36)
	Signature, typed is printed name of registered agent a	and title & applicable. (NOTE: F	incretered /	Agent aignature req	D when r	ADDITIO	ONS/CH/	ANGES 1	ro OFF	DATE		CTOF		(11/98)
SIGNATURE	Signature, typed is printed name of registered agent a	and title if epplicable. (NOTE: F	13. 1.1 7/70 1.2 NAA	Agent signature req LE	D	ADDITIO	HOVENO	anges i	TO OFF	DATE	ND DIRE	CTOF	RS IN 12	034 (11/98)
SIGNATURE 12. TILE	Signature, typed is printed name of registered agent a	and title if epplicable. (NOTE: F	13. 1.1 7/70 1.2 NAA 1.3 STF	LE LE KE REET ADDRESS	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	ND DIRE	CTOF	RS IN 12	25034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed is printed name of registered agent a	end title & epplicable. (NOTE: F DIRECTORS DELETE	13. 1.1 T/TI 1.2 NAA 1.3 STF 1.4 C/T	Agent agrishurs required to the second secon	D	ADDITIO	HOVENO	anges i relem Ber	TO OFF	DATE	ND DIRE	CTOF	RS IN 12	R2E034 (
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed is printed name of registered agent a	and title if epplicable. (NOTE: F	13. 1.1 T/T 1.2 NAA 1.3 STF 1.4 C/T 2.1 T/T	Agent eignature requirements LE ME REET ADDRESS Y-ST-ZIP LE	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	ND DIRE	CTOF	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent of OFFICERS AND	end title & epplicable. (NOTE: F DIRECTORS DELETE	13. 1.1 TITE 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAM	Agent agniture red LE ME REET ADDRESS Y-ST-ZIP LE ME	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	ND DIRE	CTOF	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of OFFICERS AND	end title & epplicable. (NOTE: F DIRECTORS DELETE	13. 1.1 TTR 1.2 NAN 1.3 STF 1.4 CTT 2.1 TTR 2.2 NAN 2.3 STF	Agent eignature requirements LE ME REET ADDRESS Y-ST-ZIP LE	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	ND DIRE	CTOF	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent of OFFICERS AND	end title & epplicable. (NOTE: F DIRECTORS DELETE	13. 1.1 TTR 1.2 NAN 1.3 STF 1.4 CTT 2.1 TTR 2.2 NAN 2.3 STF	Agent agristure requirements ME ME ME T.ST. ZIP LE ME ME REET ADDRESS TY. ST. ZIP	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	ND DIRE	CTOR Enge	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of OFFICERS AND	end tide & epplicable. (NOTE: F	13. 1.1 TTT 1.2 NAN 1.3 STT 1.4 CTT 2.1 TTT 2.2 NAN 2.3 STT 2.4 CTT 3.1 TTT 3.2 NAN	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	ND DIRE	CTOR ringe	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent of OFFICERS AND	end tide & epplicable. (NOTE: F	13. 1.1 TTL 1.2 NAN 1.3 STF 1.4 CTT 2.1 TTL 2.2 NAN 2.3 STF 2.4 CTL 3.1 TTL 3.2 NAN 3.3 STF	LE L	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	ND DIRE	CTOR ringe	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of OFFICERS AND	and title & epplicable. (NOTE: F	13. 1.1 TM 1.2 NAA 1.3 STF 1.4 CIT 2.1 TM 2.2 NAA 2.3 STF 2.4 CM 3.1 TM 3.2 NAA 3.3 STF 3.4 CM	Agent agrature required to the control of the contr	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	ND DIRE	ECTOR ange	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent of OFFICERS AND	end tide & epplicable. (NOTE: F	13. 1.1 TITM 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITM 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITM 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITM	LE ME REET ADDRESS Y. ST. ZIP	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	DIRE Cha	ECTOR ange	RS IN 12 K Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent of OFFICERS AND	and title & epplicable. (NOTE: F	13. 1.1 Tm 12 NAA 1.3 STF 2.1 Tm 22 NAA 23 STF 2.4 Cm 3.1 Tm 3.2 NAA 3.3 STF 3.4 Cm 4.1 Tm 4.2 NA	Agerd augmiture required to the control of the cont	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	DIRE Cha	ECTOR ange	RS IN 12 K Addition Addition	
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent of OFFICERS AND	and title & epplicable. (NOTE: F	13. 1.1 Tm 12 NAA 1.3 STF 2.1 Tm 22 NAA 23 STF 2.4 Cm 3.1 Tm 3.2 NAA 3.3 STF 3.4 Cm 4.1 Tm 4.2 NAA 4.3 STF	LE ME REET ADDRESS Y. ST. ZIP	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	Cha	CTOR sings ungs	RS IN 12 K Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent of OFFICERS AND	and title & epplicable. (NOTE: F	13. 1.1 TITE 1.2 NAM 1.3 STF 2.1 TITE 2.2 NAM 2.3 STF 2.4 CFF 3.1 TITE 3.2 NAM 3.3 STF 4.2 NA 4.3 STF 4.4 CFF 5.1 TITE 5	AGENT ADDRESS Y. ST. ZIP LE ME REET ADDRESS Y. ST. ZIP LE	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	DIRE Cha	CTOR sings ungs	RS IN 12 K Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of OFFICERS AND	DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITE 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITE 3.2 NAM 3.3 STF 4.2 TITE 4.2 NA 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAM 5.2 NAM 5.3 NA	AGENT ANDRESS Y. ST. ZIP LE ME REET ADDRESS	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	Cha	CTOR sings ungs	RS IN 12 K Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent of OFFICERS AND	DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITE 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAM 2.3 STF 3.4 CIT 3.3 STF 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAM 5.3 STF 5.3 STF	AGENT ADDRESS Y. ST. ZIP LE ME REET ADDRESS	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	Cha	CTOR sings ungs	RS IN 12 K Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of OFFICERS AND	DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITE 1.2 NAM 1.3 STE 2.4 CE 3.1 TITE 3.2 NAM 2.3 STE 3.4 CE 4.1 TITE 4.2 NA 4.3 STE 4.4 CE 5.1 TITE 5.2 NAM 5.3 STE 5.4 CE 5.4 CE 5.4 CE 5.5	AGENT ANDRESS Y. ST. ZIP LE WE REET ADDRESS Y. ST. ZIP	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	Cha	ECTOR singe	RS IN 12 K Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent of OFFICERS AND	DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITE 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAM 2.3 STF 3.4 CIT 3.3 STF 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITE 5.2 NAM 5.3 STF 5.3 STF	AGENT ANDRESS Y. ST. ZIP LE WE REET ADDRESS Y. ST. ZIP	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	Cha	ECTOR singe	RS IN 12 RAddition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of OFFICERS AND	DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITE 1.2 NAM 1.3 STE 2.4 CE 3.1 TITE 3.2 NAM 3.3 STE 4.4 CE 5.1 TITE 5.2 NAM 5.3 STE 5.4 CE 6.1 TITE 6.2 NAM	AGENT ANDRESS Y. ST. ZIP LE WE REET ADDRESS Y. ST. ZIP	D Geffe	ADDITIO	NS/CH/	anges i relem Ber	TO OFF	DATE	Cha	ECTOR singe	RS IN 12 RAddition Addition Addition	
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent of OFFICERS AND	DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 12 NAA 1.3 STF 1.4 CIT 21 TITL 22 NAA 23 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.2 NAA 4.3 STF 4.2 TITL 5.1 TITL 5.2 NAA 5.3 STF 5.4 CIT 6.1 TITL 6.2 NAA 6.3 STF 6.2 NAA 6.3 STF 6.4 CIT 6.4 CITL 6.5 STF 6.4 CITL 6.5 STF 6.4 CITL 6.5 STF 6.4 CITL 6.5 STF 6.5 STF 6.5 CITL 6.5 STF 6	AGENT ADDRESS Y. ST. ZIP LE ME REET ADDRESS Y. ST. ZIP	D Geffe 985 Vri	ADDITION ADDITION	DNS/CH	ANGES TELCA	TO OFF	CATE	Cha	ECTOR strips	RS IN 12 RS Addition Addition Addition Addition	

accurate and that my signature shall have the same legal effect as if made under oath; that I am ard to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ith all other like empowered.

SIGNATURE: