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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V56241

(5)

SEMINOLE MEDIA VENTURES, INC.

FILED Feb 28 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address			I SAMIN MLIMAN MILIAM BANIM DIANT MIAME A	isma mamal mamal mama	MINI DINIL I	TIBLE IMBI
8300 STIRLING RD HOLLYWOOD FL 33024		6300 STIRLING RD HOLLYWOOD FL 8302	6300 STIRLING RD HOLLYWOOD FL 33024-2153					
US		US		<u> </u>		. 12	41	
				3	 Date Incorporated or Qualifie 08/10/1992 		of Last Re /1996	aport
2. Principal Pl	ace of Business	2a. Mailing Address	······································	4	l. FEI Number		Ap	plied For
21		26			65-0353991			ot Applicable
Suite, Apt ∃	#, etc	Suite, Apt. #, etc.		5	. Certificate of Status Desired		\$8.75	
22		27					Fee Re	
City & State	;	City & State		6	i. Election Campaign Financing	' n	\$5.00	
23 Zip	Country	28	Country		Trust Fund Contribution		Added I	
24	25	29	30	8	 This corporation has liability f Fiorida Statutes 	or intangible ta		. 199.032,
	9. Name and Address of Cu		1301), Name and Address of New			
DOR	SKY, ERIC	,	81 N	lame 📜	n.		***************************************	
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	E FL 33314		82 8	P D	P.O. Box Number is Not Accept	rabie)		
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			84 0	Dity Dan	1,0	FL	85 Zip (Code
11. Persuant I	to the provisions of Sections 607	0502 and 607.1508. Florida S	tatutes, the above-n	amed corporati	on submits this statement for th	e purpose of c	hanoino it	s registered
 office or re 	egistered agent, or both, in the S ni familiar with, and accept the o	itate of Florida. Such change v	was authorized by th	e corporation's	board of directors. I hereby ac	cept the appoi	ntment as	registered
• •	m tamin ar with, and accept the o	bligarions or, section box look	s, rionda sialules.	Down	14	.1-16	ンユ	
SIGNATURE	Signature Type I or professionne of registate	diagen, and Okrid applicable	(NOTE Registered Agent s	ignature required who	en reinstating)	DATE	<i></i>	
12.		AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 12
THEE	D	DELETE	1.1 TITLE			Ĺ	Change	Addition
-NAME	SHORE, JIM		1.2 NAME					
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CITY - SI - 7IF	HOLLYWOOD FL		1.4 CITY-ST-2	TIP .				
THE		DELETE	2.1 TITLE			L	Change	Addition
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i. Edo hereby certify that this information of pilot with the filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this agriculty prior of supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Laman officer or director of the ship for the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Book 13/II charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Sure 1/7/9

954-967-34 \$ D