

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 531372 (1)

1. Corporation Name

MEDIA DEPARTMENT II, INC.



Principal Place of Business

1110 BRICKELL BLDG.
ROOM 430
MIAMI FL 33131

Mailing Address

1110 BRICKELL BLDG.
ROOM 430
MIAMI FL 33131

3. Date Incorporated or Qualified

04/12/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1110 Brickell Avenue

26 1110 Brickell Avenue

4. FEI Number

59-1738380

Applied For

Not Applicable

22 Suite, Apt. #, etc.
Suite 430

27 Suite, Apt. #, etc.
Suite 430

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State
Miami, FL

28 City & State
Miami, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip
33131

25 Country
Dade

29 Zip
33131

30 Country
Dade

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUCCIO, ROSEMARIE
7965 S.W. 98 TER
MIAMI FL 33131

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME KEOGHAN, KEN
STREET ADDRESS 1110 BRICKELL AVENUE, #430
CITY- ST- ZIP MIAMI FL 33131
☐ DELETE

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE P
NAME NUCCIO, ROSEMARIE
STREET ADDRESS 7965 SW 98TH TERRACE
CITY- ST- ZIP MIAMI FL 33156
☐ DELETE

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE VS
NAME GARLAND-RUIZ, STEPHANIE
STREET ADDRESS 20904 LEEWARD COURT, #222
CITY- ST- ZIP NORTH MIAMI BEACH FL 33180
☐ DELETE

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rosemarie Nuccio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/98

305 358 5178

Date

Daytime Phone #

CR2E034 (12/95)