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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90200 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038329

1. Corporation Name

GOLD STANDARD MULTIMEDIA INC.

Principal Place of Business

**3825 HENDERSON BLVD
SUITE 200
TAMPA FL 33629
US**

Mailing Address

**3825 HENDERSON BLVD
SUITE 200
TAMPA FL 33629
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

59-3171676

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 320 West Kennedy Blvd.

26 320 West Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27 Suite 400

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33606

25 US

29 33606

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWY, JAMES F
3825 HENDERSON BLVD
SUITE 200
TAMPA FL 33629**

**81 Name
Seymour, Jonathan**

**82 Street Address (P.O. Box Number is Not Acceptable)
320 West Kennedy Blvd.**

83 Suite 400

**84 City
Tampa**

**85 Zip Code
FL 33606**

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 **Jonathan Seymour**

3/31/99

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 **PSD** ☐ DELETE
NAME **SEYMOUR, JONATHAN**
STREET ADDRESS **3825 HENDERSON BLVD., STE 200**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **PSDT** ☒ Change ☐ Addition
1.2 NAME **Seymour, Jonathan**
1.3 STREET ADDRESS **320 W. Kennedy Blvd., Suite 400**
1.4 CITY-ST-ZIP **Tampa, FL 33606**

TITLE **TD** ☒ DELETE
NAME **LOWY, JAMES**
STREET ADDRESS **3825 HENDERSON BLVD., STE 200**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Noble, Rick**
2.3 STREET ADDRESS **6200 S. Syracuse Way, Suite 300**
2.4 CITY-ST-ZIP **Englewood, CO 80111-4740**

TITLE **D** ☐ DELETE
NAME **MCGURN, KENNETH**
STREET ADDRESS **101 SE 2ND PLACE, STE 202**
CITY-ST-ZIP **GAINESVILLE FL 32601**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Lowy, Jacqueline**
3.3 STREET ADDRESS **4800 Wildwoode Drive**
3.4 CITY-ST-ZIP **Delray Bch, FL 33445**

TITLE **D** ☐ DELETE
NAME **LOWY, SHERMAN**
STREET ADDRESS **4800 WILDWOODE DRIVE**
CITY-ST-ZIP **DELRAY BCH FL 33445**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Batchelder, Ted**
4.3 STREET ADDRESS **6200 S. Syracuse Way, Suite 300**
4.4 CITY-ST-ZIP **Englewood, CO 80111-4740**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **McGurn, Linda**
5.3 STREET ADDRESS **101 SE 2nd Place, Suite 200**
5.4 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Fowler, David**
6.3 STREET ADDRESS **3204 NW 57th Terrace**
6.4 CITY-ST-ZIP **Gainesville, FL 32606**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 813-287-1775

Date

Daytime Phone #

CR2E034 (1/98)