08-20-1999 90002 039 \*\*\*150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 366334

WMJX, INC.

Principal Place	of Business	Mailing Address				11400	· · · · · · · · · · · · · · · · · · ·		E): E():		
5700 WILSHIRE	BOULEVARD	5700 WILSHIRE BOULEVARD									
SUITE 575		SUITE 575									
LOS ANGELES CA 90036-3659		LOS ANGELES CA 90036-3659				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified					
						06/24/1970	_	<del></del>			
<ol><li>Principal Pl</li></ol>	ace of Business	2a. Mailing Address				4. FEI Number		- <del></del>	Applied F		
21		26				13-2674442		-	Not Applic		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Addition Required	nal	
22		27							<u> </u>		
City & State		City & State			6. Election Campaign Financing			<b>0</b> Мау В			
23		28				Trust Fund Contribution		Adde	d to Fees	·	
Zip	<b>├</b>			8. This corporation owes the current year				<b>⊽</b>			
24	[25]	29 30				Intangible Personal Property. Yes X No					
	9. Name and Address of Current	Registered Agent		81	*1	10. Name and Address of New	Registered A	gent		<del></del>	
C T	CORPORATION SYSTEM				Name					l	
					Street Ad	reet Address (P.O. Box Number is Not Acceptable)					
1200 S. PINE ISLAND RD. Plantation FL 33324											
PLA	NIAHUN FL 33324	1		83							
				84	City			85 Zij	p Code		
				1	-	_	FL <sub>.</sub>				
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. (N	NOTE: Regist	егес Ас	gent signature r	equired when reinstating)	DATE			;	
12.	DIRECTORS	13.			ADDITIONS/CHANGES TO O						
TITLE	VAT	DELETE	1.1 TI	TLE		V	X	Change	e 🗓 Ad	ddition	
NAME	MILLER, JAMES J.		1.2 N	AME	<b>\</b>					18	
STREET ADDRESS	5700 WILSHIRE BOULEVARD		1.3 \$	TREET	ADDRESS	Ste. 575					
CITY-ST-ZIP	LOS ANGELES CA		1.4 C	ITY-ST	-ZIP	90036				:	
TITLE	VAS	DELETE	2.1 T	ITLE				Change	e 🗓 At	ddition	
NAME	ROSS, JOHN E	IN E		AME						Ì	
STREET ADDRESS	·		. 2.3 S	2.3 STREET ADDRESS		Ste. 399					
CITY-ST-ZIP	JACKSONVILLE FL		2.4 C	ITY-ST	-ZIP	32256					
TITLE	SVGC	DELETE	3.1 T	ΠLE		D		Change	e X A	ddition	
NAME	SUCHIL, SALLY		3.2 N	AME						- }	
STREET ADDRESS	5700 WILSHIRE BLVD STE 575	<b>,</b>	3.3 \$	TREET	ADDRESS					1	
CITY-ST-ZIP	LOS ANGELES CA			ITY-ST		90036					
TITLE	VT	DELETE	4.1 T			SVP/CFO	ĺ,	Change	e X A	ddition	
NAME	LANDSAUM, ROSS G	ے، جدے ہے	4.2 N	AME	l	0,1,010	_	J		{	
STREET ADDRESS	5700 WILSHIRE BLVD STE 575	•	4.3 8	TREET	ADDRESS						
CITY-ST-ZIP	LOS ANGELES CA			ITY-ST		90036					
TITLE	AS	DELETE	5.1 7				٢	Change	e X A	ddition	
NAME	Bosworth, Greer C.		5.2 N		Į	•	L		۰۰ سے		
	5700 WILSHIRE BOULEVARD				ADDRESS	Ste. 575					
STREET ADDRESS	LOS ANGELES CA			ITY-ST							
CITY-ST-ZIP	PD PD	DELETE	6.1 T		-217	90036	Г	Change	e X A	ddition	
		☐ DELETE	6.2 N				L		, <u>121</u> M	-5111011	
NAME	BACHMANN, PETER H 5700 WILSHIRE BOULEVARD					Ste. 575				. 1	
STREET ADDRESS	3/UU WILSHIKE DUULEVAKU		6.3 \$	IKE#1	ADDRESS	JLC+ J/J					

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.

6.4 CITY-ST-ZiP

90036

SIGNATURE:

LOS ANGELES CA

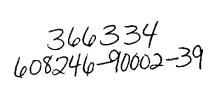
CITY-\$T-ZIP

Lohn E. Ross, VP

8/17/99

904-281-4488

Daytime Phone #





August 17, 1999

Ms. Katherine Harris, Secretary of State Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: WMJX, Inc.

Dear Ms. Harris:

Enclosed for filing is the above-referenced company's 1999 Profit Corporation Annual Report and filing fee of \$150. Upon receipt of the 2nd Notice filing packet, I contacted your office to notify you that I had not received a first notice. Your office instructed me to file using the 2nd Notice, to enclose \$150 filing fee rather than \$550, and to include a letter to this effect with my filing.

Thank you for your assistance.

Very truly yours,

Donna A. Hoffman

Certified Legal Assistant

Affron, CCA

DAH/jz

**Enclosures** 

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