

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

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90002 039 ***150.00

DOCUMENT # 366334

1. Corporation Name

WMJX, INC.

Principal Place of Business
**5700 WILSHIRE BOULEVARD
SUITE 575
LOS ANGELES CA 90036-3659**

Mailing Address
**5700 WILSHIRE BOULEVARD
SUITE 575
LOS ANGELES CA 90036-3659**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1970

4. FEI Number

13-2674442

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.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 **VAT** ☐ DELETE
NAME **MILLER, JAMES J.**
STREET ADDRESS **5700 WILSHIRE BOULEVARD**
CITY-ST-ZIP **LOS ANGELES CA**

1.1 TITLE **V** ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **Ste. 575**
1.4 CITY-ST-ZIP **90036**

TITLE **VAS** ☐ DELETE
NAME **ROSS, JOHN E**
STREET ADDRESS **4655 SALISBURY ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **Ste. 399**
2.4 CITY-ST-ZIP **32256**

TITLE **SVGC** ☐ DELETE
NAME **SUCHIL, SALLY**
STREET ADDRESS **5700 WILSHIRE BLVD STE 575**
CITY-ST-ZIP **LOS ANGELES CA**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **90036**

TITLE **VT** ☐ DELETE
NAME **LANDSAUM, ROSS G**
STREET ADDRESS **5700 WILSHIRE BLVD STE 575**
CITY-ST-ZIP **LOS ANGELES CA**

4.1 TITLE **SVP/CFO** ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **90036**

TITLE **AS** ☐ DELETE
NAME **BOSWORTH, GREER C.**
STREET ADDRESS **5700 WILSHIRE BOULEVARD**
CITY-ST-ZIP **LOS ANGELES CA**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **Ste. 575**
5.4 CITY-ST-ZIP **90036**

TITLE **PD** ☐ DELETE
NAME **BACHMANN, PETER H**
STREET ADDRESS **5700 WILSHIRE BOULEVARD**
CITY-ST-ZIP **LOS ANGELES CA**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS **Ste. 575**
6.4 CITY-ST-ZIP **90036**

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.

SIGNATURE:

John E. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/99

904-281-4488

Date

Daytime Phone #

CR2E034 (5/99)



366334
608246-90002-39

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, C.C.A.

Donna A. Hoffman
Certified Legal Assistant

DAH/jz

Enclosures

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