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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 472426

1. Corporation Name

MEDIA WORKSHOP, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90070 034 ***150.00

Principal Place	e of Business	Mailing Address				Billi ares aran i	Bidit Giffit test
1661 E SAMPLE RD 4100 NE 26TH AVENUE POMPANO BCH FL 33064 LIGHTHOUSE PNT FL 33064			064		DO NOT WRITE IN TH	IS SPACE	
US					3. Date Incorporated or Qualifed		
					03/25/1975		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	oplied For
21	26				59-2480532	No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee Ro	equired
City & State City & State				<u></u>	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year I		_
24	25	29	30		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	d Agent	
0.10	D INIGENE I			81 Name			
CARR, VINCENT J				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
4100 N.E. 26TH AVE.							
LIGH	ITHOUSE PNT FL 33064			83			
				Od City		. 85 Zip	Code
		•		84 City	F	L	Oode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the a	bove-named corp	oration submits this statement for the purpose of	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig-	e of Florida. Such change was	authorized	the comporation	on's board of directors. I hereby accept the app	ointment as re	egistered
_	//\		ionda otat	ates.	412199	3	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered	Agent signature require	d when reinstating) DATE	<u></u>	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	
TITLE	P	☐ DELETE	1.1 Ti	TLE		Change	Addition
NAME	CARR, VINCENT J		1.2 N	AME			
STREET ADDRESS	4100 NE 26TH AVE.		1.3 \$	TREET ADDRESS			
CiTY-ST-ZiP	LIGHTHOUSE PNT FL		1.4 C	ITY-ST-ZIP			
TITLE	ST	☐ DELETE	2.1 Π	πE		Change	☐ Addition
NAME I	CARR, PATRICIA K		2.2 N	AME			
STREET ADDRESS	_4100 NE 26TH AVE		2.3 S	TREET ADDRESS		<u> </u>	
CITY-ST-ZIP	LIGHTHOUSE PNT FL		2.40	CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 T			Change	☐ Addition
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 Ti			Change	☐ Addition
NAME			4.21	IAME			
STREET ADDRESS	1		- 6	TREET ADDRESS			
,				ITY-ST-ZIP			
CITY-ST-ZIP TITLE		□ DELETE	5.1 TI			Change	Addition
NAME	}		5.2 N	1			
				TREET ADDRESS			
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 Ti			Change	☐ Addition
TITLE	1		6.2 N	N .		<u> </u>	
NAME				TREET ADDRESS		•	
STREET ADDRESS			0.33	THEE PROOPERS			

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: