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

May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)608247 NITROMEDIA COMMUNICATIONS INC. Mailing Address Principal Place of Business 6108 26TH ST W. #2 6109 26TH ST W. #2 **BRADENTON FL 34207 BRADENTON FL 34207** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Gualified 01/29/1979 4. FEI Number 2a. Mailing Address Applied F 2. Principal Place of Business 59-2076685 26 Not Appli **\$8,75** Addition Suite, Apt. #, etc. Suka Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State \$5.00 May E City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fee: 23 Zip Country Country This corporation owas or has paid the current year intangible Zip Yes Yes Personal Property Tax due June 30. 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Ragistered Agent 81 Name PASTER, SAUL G108 18108 26TH ST., WEST Street Address (P.O. Box Number is Not Acceptable) STE 2 **BRADENTON FL 34207** Zip Code 85 11. Pursuant to the provisions of Sections 607/0502 and 207. 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, firthe State of Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered, am familiar with, and accept the objection 607.0505, Florida Statutes. SIGNATURE Signature, lyoed or printed name of registered agent and title it applicable (NOTE: Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change TITLE ADELSON, RONALD NAME 1.2 NAME 6108 26TH STREET WEST, #2 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CITY - ST-ZIP CITY - ST - ZIP Change DELETE TATLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE MILE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TOTLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIP TITLE DELETE Change **700**002522987 -05/1<u>4</u>/98--01019--003 HAME 6.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 5.4 DITY-ST-ZIP DELETE 6.1 TITLE Chang TITLE 8.2 NAME NAME B.3 STREET ADDRESS STREET ALIONESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the infindicated 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appear Block 13 if changed, or on an attachment with an address.

RONALD ADELSON, PRESIDENT

FILED