

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mertham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001254



ATMA MEDIA GROUP, LTD.

Mailing Address
**2301 COLLEGE AVENUE
DAVIE FL 33317-7155**

Principal Office Address
**2301 COLLEGE AVENUE
DAVIE FL 33317-7155**

3. Date Formed or Registered
07/02/1996

5a. Capital Contributions as
Shown on record.
\$25,000.00

3a. Date of Last Report

7-2-96

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$63,000.00

4. State or Country of Formation
FL

2. Mailing Address

13730 ST. RD. 84

2a. Principal Office Address

1532 SW 28 WAY

Suite, Apt. #, etc.

SUITE 304

Suite, Apt. #, etc.

FT LAUDERDALE FL

City & State

DAVIE, FL. #

City & State

33312

Zip

Country

33325-5304

Zip

Country

6. FEI Number

65-0676800

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVE.
CORAL GABLES FL 33134**

10. If changed, new Registered Agent/Office

Name **MITCHELL A. BENNETT**

Street Address (P.O. Box Number Is Not Acceptable)

1290 NW 133 AVE

Suite, Apt. #, etc.

SUNRISE

City

FL

Zip Code

33323

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Mitchell A. Bennett

DATE

12-29-96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

ATMA TECHNICRAFT, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2301 COLLEGE AVENUE

11b. City, State & Zip Code

DAVIE FL 33317

11c. Registration/
Document Number

F96533

**300002104803--5
-03/05/97--01048--018
*****576.25 *****576.25**

dec \$76.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Mitchell A. Bennett President

DATE

12-29-96

Typed or Printed Name of General Partner Signing Form

MITCHELL A. BENNETT, PRES

Daytime Telephone Number

954-474-7700

CR2E003 (6/96)