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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004761 (3)

CHILDREN'S MEDIA RESOURCE, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											T THE INDIANAL BILLS FOR THE STATE OF THE ST	MILLI MUEEL UNI	# 81811 18 9 1		HEI 1981	
3595 ST. GAUDENS ROAD 3595 ST. GAUDENS ROAD COCONUT GROVE FL 33133 COCONUT GROVE FL 3313								3			do not writ	E IN THIS	SPACE			
											Date Incorporated or Qualified 10/14/1993					
2. Principal P	lace of Busine	2a. Mailing Address							4. FEI Number			App	lied For			
21					26						65-0432596			Not Applicable		
Suite, Apt. ₩, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired		•		Iditional	
22					27						G. Sermious of Status Besides	<u> </u>		Peq		
City & State					City & State						6. Election Campaign Financing	Г			lay Be	
Zip Country					Zip Country				,		Trust Fund Contribution			led to		
24	25				29 30			,			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No					
9. Name and Address of Current									10. Name and Address of New Registered			Agent				
LU	RIA, HENRY	S						81	Name	+						
3595 ST. GAUDENS ROAD								82	2 Street Address (P.O. Box Number is Not Acceptable)							
COCONUT GROVE FL 33133																
								83								
								84	City			FL	85 2	Zip Co	ode	
11. Pursuant	to the provision	ns of Se c	ctions 607,050	2 and	607.1508. F	orida Statute	es, the at	l	e-namec	1 corpor	ration submits this statement for the			na its i	registered	
office or r	registered ager	nt, or bot	th, in the State cept the obliga	of Flor	rida. Such el	nange was a	uthorized	d by	the cor	poralio	n's board of directors. I hereby acce	ept the app	ointment	as re	gistered	
SIGNATURE	on regionical print	, 2.10 00	oop: the obliga		01, 00011011 0	07.0000,110	maa olai	olo.	,.							
Signature, typed or printed name of registered agent and little if applicable (NOTE: Reg									nt signatur	berupet s	when reinstating)	DATE				
12.	80		OFFICERS AND	DIRE	ECTORS	DELETE	13.			,	ADDITIONS/CHANGES TO OFF	CERS AND			_	
TITLE	PC	"NOV C			<u> </u>	DELETE	1.1 10						Chang	ge	Addition	
NAME CONTEST ADDRESS	LURIA, HENRY S 3595 ST. GAUDENS ROAD							1.2 NAME 1.3 STREET ADDRESS								
CITY-ST-ZIP	ARABITE ARALE EL ANTAN															
TITLE	000010	1 ano	E 1 E 00 100			DELETE	1.4 CIT 2.1 TIT		1-211	 			Chang	oe	Addition	
NAME							2.2 NA									
STREET ADDRESS							2.3 ST	REET	ADDRESS						İ	
CITY-ST-ZIP							2. 4 CI									
TITLE	-					DELETE	3.1 TIT						Chang	ge	Addition	
NAME							3.2 NA	ME							;	
STREET ADDRESS							3.3 ST	REET	ADDRESS	-					İ	
CITY-ST-ZIP			·· · ·····			· · · · · · · · · · · · · · · · · · ·	3.4. CI	_	T - ZIP	<u> </u>						
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NAME							4. 2 N/	AME								
STREET ADDRESS									address							
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TITLE						DELET E	5.1 TIT						∐ Chanç	je į	Addition	
NAME DEDUCES ADDRESSE							5.2 NA		*PDDCGC						İ	
STREET ADDRESS									ADDRESS							
CITY-ST-ZIP TITLE	····					DELETE	5.4 CIT 6.1 TiT		I-ZIP				Chang	ne T	Addition	
NAME							6.2 NA						Vitari	,ν I	AGUIRUSI	
STREET ADDRESS									ADDRESS							
CITY-ST-ZIP							6.4 CI1									

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 copyoration 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.

1/4/00