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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # 1. Corporation Name F94000002720 (0)

DATA I	BROADCASTING CORPORAT	rion			
Principal Plac	e of Business	Mailing Address			Birb (1901) (BBIA) (IBIR BAIL IBB)
1900 S NORFOLK ST		100 EXECUTIVE DRIVE			
SAN MATEO CA 94403		SUITE 335 WEST ORANGE NJ 07052		DO NOT WRITE IN THIS	SPACE
•		TEST ORANGE NU UTUS	2	3. Date Incorporated or Qualified	
				05/24/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		13-3668779	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 * Zip	Country	Z (p)	Country		Added to Fees
24	25	29	30	This corporation owes or has paid the ci Personal Property Tax due June 30.	urrent year mtangible ☐ Yes ☐ No
4	9. Name and Address of Current		100	10. Name and Address of New Registered	
CT	CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	ANTATION FL 33324		UZ SHEEL AUC	iless (F.O. Dox Number is Not Acceptable)	
			83		
			B4 City		85 Zip Code
				poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	L_ '
SIGNATURE	Signature typed or presed name of registered agen OF LICERS AND		t : Registered Agent signature requ	DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	CEO	DELETE	1.1 TITLE		Change Addition
NAME	HIRSCHFIELD, ALAN J		1.2 NAME		
STREET ADDRESS	1150 FALL CREEK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILSON WY 83014		1.4 CRY-ST-ZIP		
TITLE	C £0	DELFTE	21 TITLE		Change Addition
NAME	TESSLER, ALLAN R		2 2 NAME	بسيم الجرير مسي	L' D A
STREET ADDRESS	\$675 WEST MORLEY DR.		2.3 STREET ADDRESS	100 West Pine SIEN	(m x or
CITY-ST-ZIP TITLE	TETON VILLAGE WY 83025	☐ DÉLETE	2. 4 C(TY - ST - ZIP 3.1 TITLE	Tackson WY 8300	
NAME	MPERIALE, MARK	- OLUCIE	3.1 HILE		Change Addition
	12 WEST ROAD		3.2 NAME	7000025700	Change Addition
SIBLE BUILDING			3.2 NAME 3.3 STREET ADDRESS	7000025789	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-7IP	WEST ORANGE NJ		3.3 STREET ADDRESS	-07/ 02/98010410	☐ Change ☐ Addition
CITY-ST-ZIP TITLE		DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	7000025789 -07/02/98010410 ***400,00 P/controller	☐ Change ☐ Addition
CITY-ST-ZIP	West orange nj VP	DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE	-07/02/98010410 ***400,00 P/controller	Change Addition Change Addition
CITY-ST-ZIP TITLE	WEST ORANGE NJ VP ANDERSON, ED 1927 STAINT NORBERT DRIVE		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE V 4.2 NAME 4.3 STREET ADDRESS	-07/02/98010410 ***400.00 P/controller Indrew Schlotterbe 26 East Emerson Ave	Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME	WEST ORANGE NJ VP ANDERSON, ED 1927 STAINT NORBERT DRIVE DANVILLE CA	<u> </u>	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE V 4.2 NAME 4.3 STREET ADDRESS	-07/02/98010410 ***400.00 P/controller	Change Addition Change Addition Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WEST ORANGE NJ VP ANDERSON, ED 1927 STAINT NORBERT DRIVE DANVILLE CA AS NISIVOCCIA, THOMAS J	<u> </u>	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	-07/02/98010410 ***400.00 P/controller Indrew Schlotterbe 26 East Emerson Ave Falt Lake City Ut 89	Change Addition Change Addition Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WEST ORANGE NJ VP ANDERSON, ED 1927 STAINT NORBERT DRIVE DANVILLE CA AS NISIVOCCIA, THOMAS J 66 WALSINGHAM RD	<u> </u>	3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE	-07/02/98010410 ***400.00 P/controller Indrew Schlotterbe 26 East Emerson Ave Falt Lake City Ut 89 -07/02/98010410	Change Addition Change Addition Change Addition Change Addition Change Addition
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14. Thereby 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 supplimental 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 you an attachment with an address

FILED

Jul 01 1998 8:00am

Secretary of State