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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90086 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000413

1. Corporation Name  
COX MMT, INC.

Principal Place of Business  
1400 LAKE HEARN DRIVE  
ATTN: CORPORATE TAX DEPT.  
ATLANTA GA 30319

Mailing Address  
1400 LAKE HEARN DRIVE  
ATTN: CORPORATE TAX DEPT.  
ATLANTA GA 30319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/24/1996

4. FEI Number  
58-2202595

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	CSC
82 Street Address (P.O. Box Number is Not Acceptable)	
83 "CHANGE IN PROGRESS"	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
P AKEN, JACK 1 DAG HAMMARSKJOLO PLAZA NEW YORK NY 10017	P JACK OKEN 1 DAG HAMMARSKJOLO PLAZA NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
V BARNETT, PRESTON B 1400 LAKE HEARN DRIVE ATLANTA GA 30319	V JOHN G. BOYETTE 1400 LAKE HEARN DR. ATLANTA, GA. 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
STD BOYETTE, JOHN G 1400 LAKE HEARN DRIVE ATLANTA GA 30319	V D JOHN G. BOYETTE 1400 LAKE HEARN DR. ATLANTA, GA. 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
SD MERDEK, ANDREW A 1400 LAKE HEARN DRIVE ATLANTA GA 30319	DV NICHOLAS D. TRIBONY 1400 LAKE HEARN DR. ATLANTA, GA. 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Preston B. Barnett  
Vice President - Tax

2/15/99

Date

404-843-5000

Daytime Phone #

CR2E034 (11/98)