## 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 # F97000001930 (3)

METROVISION OF NORTH AMERICA, INC.

**FILED** Jun 02 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address					
424 MADISON		424 MADISON AVE.					
NEW YORK NY 10017		NEW YORK NY 10017		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
i					·		
9 Principal D	lace of Business	2a. Maiting Address			04/14/1997 4. FEI Number	A 15	
<b>└</b> ─ `	* * *	1 7	T TO COL	00000		Applied For	
21 /5 SOI Suite, Apt.	UTH CHURCH STREET	26 75 SOUTH CHURCH STREET Suite, Apt #, etc.		STREE	ET 16-1276525	Not Applicable	
<u> </u>		h			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
22 SUITE 650 City & State		27 SUITE 650 City & State			P. Etaction Composing Financing		
	<u></u>		MACC		B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28 PITTSFIELD MASS Country		,	8. This corporation owes or has paid the cur		
24 01201	USA	29 01201 3	9 01201 30 USA			Yes No	
U12U1	9, Name and Address of Current		<del>λ</del> Τ	USA	10. Name and Address of New Registered		
C T CORPORATION SYSTEM						<del>-x</del>	
1200 SOUTH PINE ISLAND ROAD					(0.00 )		
PLANTATION FL 33324			82	Street	Address (P.O. Box Number is Not Acceptable)		
'			83	<del>}</del> -			
			L				
			84	Cily	FL	85 Zip Code	
11. Pursuant	la the provisions of Sections 607 0502	and 607 1508 Horida Statutes	the show	e.named		changing its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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 fanillar willh, and accept the obligations of, Section 607.0505, Florida Statutés.							
SIGNATURE	Signature type due prested name of regarders (a perc	soul title distribution (NOTE I	Pometeral Ac	of cional up	required when (einstating) DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PDCE	DELETE	1.1 TITLE			k Change ddition	
NAME	CUMMINGS, LAWRENCE B	1.2 NA			Director Lawrence B. Cummings	_ , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS			1.3 STREET	ADDRESS	1 75 Canala Obsessab CL #650		
CITY-S1-ZIP	PITTOFICI D. 144. 04004		1.4 CITY - 9	- 1	Pittsfield, MA 01201	,	
TITLE	DC	DELETE	2.1 TITLE		PDC & CEO	Change Addition	
NAME	CLARKE, THOMAS M		2.2 NAME		Thomas M. Clarke		
STREET ADDRESS	75 S. CHURCH ST., #650		2 3 STREET		l <u> </u>	#650	
CITY-\$1-ZIP	MITATIPI D 144 04004		2 4 CITY-		Pittsfield, MA 01201	<b>#030</b>	
TITLE	ST ST	DELETE	31 111LE	J. 4"		K Change Addition	
NAME	CLARKE, LINDA		3.2 NAME	ļ	STD Linda M. Clarke		
STREET ADDRESS	75 S. CHURCH ST., #650		1			#650	
CITY-ST-ZIP	PITTSFIELD MA 01201		3.4. CHY-:		Pittsfield, MA 01201	πυυυ	
TITLE	D	DELETE	4.1 TITLE	31. CIF	TITUBLICIU, MA UIZUI	☐ Change ☐ Addition	
NAME	HUSSEY, ROBERT F		4. 2 NAME	ļ			
STREET ADDRESS	75 S. CHURCH ST., #650		4.2 NAME	AUUBLEC		]	
	PITTSFIELD MA 01201						
CITY-ST-ZIP TITLE	n	XX DELETE	4.4 CITY - 5 5.1 TILLE	f		Change Addition	
NAME	DOELGER, PETER	AA veere	5.2 NAME		D & CFO		
STREET ADDRESS	75 S. CHURCH ST., #650		5.2 NAME 5.3 STREET		David M. Fancher		
	PITTSFIELD MA 01201				75 South Church Street	#650	
CITY-ST-ZIP	D PILISPIELD MA VIZUI	☐ DELETE	5.4 CiTY-5	1-7P	Pittsfield, MA 01201	Change Addition	
TITLE	MILLER, COURTLANDT	FT DETELT	61 TITLE	ŀ			
NAME	75 S. CHURCH ST., #650		62 NAME	1000000		ļ	
STREET ADORESS	· · · ·		6.3 STREET	- 1			
CITY-\$T-ZIP	PITTSFIELD MA 01201		6.4 CITY - S	T-ZIP			

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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CIGNATIDE:

5/14/02 413-448-7111 TRASSURE & CLERK