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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	MENT # F97000	002170	SECRETARY OF STATE		
MEDIA PASSAGE, INC.				TALLAHASSEE, FLORIDA	
IVILUIA FA	ASSAGE, INC.			I ICENTE LILE SELLI SEGNI COMO ACOM ESCUA SEGNI SEGNI COMO ACOM ACOM ACOM	1861
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Plansipal Plane	of Business	Mailing Address		I TOUTION ALTO TOUR TOUR TOUR BOTH BOTH THE STATE STATE (BOTH DOUR)	<b>(11)</b>
401-2ND AVENU		401-2ND AVENUE WEST			
SEATTLE WA 98	3119	SEATTLE WA 98119			
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				04/24/1997	(
2 Prin spat Psa	u - of Business	2a. Mailing Address		4. FEI Number 91–1769254 Applied For	
21		26		APPLIED FOR Not Applica	1
Suite, Apr. #,	, <b>6</b> %	Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Additional	1
22		27		Fee Required	1
City & State		City & State		6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
23  	Country	[28] Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation owes the current year	
24	25	f i '	30	Intangible Personal Property. [ ] Yes [ ] No	
,-·, [	9. Name and Address of Current		·	10. Name and Address of New Registered Agent	
	CODOODATION EVETEM		81 Name		
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD		82 Street A	ddress (P.O. Box Number is Not Acceptable)	۱ ۱
	ITATION FL 33324		the state of the s	-10/05/9901088015	-
1 2701	TATION TE GOOET		83)	****550.00 ****550.0	IÑ
			B4 City	85 Zip Code	,
44		and COZ 1500 Charles Charles	[ ]	TL	
office of te	gistered agent, or both, in the State	of Florida, Such change was au	thorized by the corpo	proration submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
· ~	a familiar with and accept the obliga-	lions of, section 607.0505, Flore	da Statutes.		
SIGNATURE	age at neity, extion pay to dinastre of regetered age if				
12.		aist to eif applicable (NOT)	E. Registered Agent signature	required when rainstability) DATE	į
		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 1
11'15	PD		13. 1 \ TITLE		- 1
N.235	PD Scherer, Gilbert	DIRECTORS	13, 1) TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 1
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SEATTLE WA 98119

14. The etry 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 actual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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 the F12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Linda Naismith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (5/99)