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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name F9700005696 (6)

## **FILED** May 15 1998 8:00am Secretary of State

MEDIA	A 2000 LIMITED, INC.					
Principal Pla	ace of Business	Mailing Address				
6955 HANGI	NG MOSS RD #103	6955 HANGING MO	SS RD #103			
ORLANDO FL 32807 ORLANDO FL 32					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					10/29/1997	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied Fo	
21		26			APPLIED FOR Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
City & Sta	ato	City & State			Fee Required	
23	ate	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	7 <sub>(p)</sub>	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	•	Personal Property Tax due June 30. Yes No	
.71	9. Name and Address of Curi				10. Name and Address of New Registered Agent	
Fi	REIN, JOSEPH A		8	1 Name		
118 E. JEFFERSON ST			<u>.</u>	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
0	RLANDO FL 32801			<u> </u>		
			6	3		
			8	4 City	85 Zip Code	
					orporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registers	
SIGNATURE	Signature, typed or printed name of registered	agest and tile 4 applicable  AND DIRECTORS	(NOTE: Registered A	gent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVCP	☐ DELE			Change Add	
NAME	HARROLD, PETER		1.2 NAM	f		
STREET ADDRESS		#103	1.3 STRE	FT ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		14 017 Y	-ST-ZIP		
TITLE	<b>S</b> TD	DELE	TE 2 1 TITLE		☐ Change ☐ Add	
NAME	HARROLD, PETER		2.2 NAM		•	
STREET ADDRESS		<b>#</b> 103	2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807			-S1-ZIP	The state of the s	
TITLE	EDEIN INCEDILA	☐ DELE		1	☐ Change ☐ Add	
NAME STREET ADDRESS	FREIN, JOSEPH A 118 E. JEFFERSON ST		3.2 NAM	F1 ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY	1		
TITLE	ORDANDO LE SEGOT	DELE			Change L Add	
NAME			4. 2 NAN			
STREET ADDRESS	s			ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ D€LE	TE 51 11TLE		Change Add	
NAME			5.2 NAM	£	V	
STREET ADDRESS	ł .		5.3 STRE	ET ADDRESS	1.00	
CITY-ST-ZIP	· · ·	· · · · · · · · · · · · · · · · · · ·	5.4 CITY	-ST-ZIP	210	
TITLE		☐ DELE	<b>B</b> i		40000252854Change Add	
NAME	1		6.2 NAM	ì	400002528554 Change LI Add -05/13/9801031003 ***150.00	
STREET ADDRESS	5			E1 ADDRESS	***150.00	
CITY-ST-ZIP	1		6.4 CITY	. CT. 2IP 1		

14. 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 suppliemental 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 Impowered 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 a regrachment with an address.