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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G32225** **(6)**

1. Corporation Name

MMMM– THE GOOD NEWS PUBLISHING COMPANY

Principal Place of Business	Mailing Address
7022 SW 53RD LANE MIAMI FL 33155-5609	7022 SW 53RD LANE MIAMI FL 33155-5609

3. Date Incorporated or Qualified: **04/04/1983**

3a. Date of Last Report: **06/30/1995**

4. FEI Number: **59-2415335** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MCHALE, EDWARD F. (ESQ
1401 BRICKELL AVENUE
SUITE 340
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 or 617.1502, 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. The 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

Name of New Registered Agent (typed or printed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCHALE, JOAN NIELSEN 7022 S.W. 53RD LANE MIAMI FL ☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3 TITLE 3 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate, furnished and 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 added above.

SIGNATURE: Joan Nielsen McHale 1/30/96 805 665-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)