May 06, 1999 8:00 am Secretary of State

05-06-1999 90046 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G42183

1. Corporation Name

M.T.V. GROUP ENTERPRISE, INC.

Principal Place of Business Mailing Address								911 91811 919 11 1		
2000 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304						DO NOT WRI	TE IN THIS	SPACE		
US US						3. Date Incorporated or Qualifed	12 34 11 35			
						06/03/1983			Į	
2. Principal Place of Business 2a. Mailing Address						4, FEI Number		Ar	plied For	
<u> </u>						59-2300126		⊢ +-	ot Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						39 2300 120		\$8.75		
22	27	7, 500			5, Certifcate of Status Desired		Fee Re			
City & Stat	e	- City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Adde <u>d</u>	to Fees	
Zip	Country Zip C					This corporation owes the curr Personal Property Tax.	ent year Inta	ingible [2]Yes	□No	
24							Registered A			
g. Name and Address of Current Registered Agent				Na	10. Name and Address of New Registered Agent Name					
IGOE, JOHN G ESQ						(D.O. D. Alexia Mark Associable)				
EDWARDS & ANGELL			82	Str	301 A00705	ss (P.O. Box Number is Not Accept				
250 ROYAL PALM WAY STE. #300			83							
PALM BEACH FL 33480			84	City	<u> </u>		FL	85 Zip	Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author tions of, Section 607.0505, Florida S	zed by Statutes	the c	orporation	is board of directors. I nereby acce	pt the appoir	ntment as re	gistered	
	Signature, typed or printed name of registered age			nt signa	ure required v	when reinstating)	DATE AN			
12.			13. .1 TITLE			ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition	
TITLE	P							□ Onungo		
NAME	IGOE, REGINA CHAMPLIN			1,2 NAME					Ļ	
STREET ADDRESS	2000 2. 00/1/1/00 00/0/		.3 STREE		ESS					
CITY-ST-ZIP	7.1.2.1002.10.12		A CITY-S	T-ZIP	_			Change	Addition	
TITLE	DV		2.1 TITLE					Change	Addition	
NAME	HEEG, ROBERT	2	2 NAME		Ì				Ì	
STREET ADDRESS	2000 to Collinor Devo		3 STREE	TADDR	ESS					
CITY-ST-ZIP			4 CITY-5	T-ZIP					- Addition	
TITLE		☐ DELETE 3	,1 TITLE					☐ Change	Addition	
NAME		3	2 NAME							
STREET ADDRESS		3	3.3 STREE		ESS					
CITY-ST-ZIP			3.4. CITY-						- Addition	
TITLE		☐ DELETE 4	4,1 TITLE		- }			☐ Change	☐ Addition	
NAME		14	. 2 NAME		1					
STREET ADDRESS		4	3 STREE	TADDR	ESS					
CITY-ST-ZIP			4 CITY-ST-ZIP						F*1 & at at 25 =	
TITLE			,1 TITLE		1			Change	Addition	
IVME			,2 NAME							
CTDCCT ADDDCCC		5	3 STREE	TADOR	ESS					

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: 4

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF BIG

☐ DELETE

☐ Change

Addition