PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT#

1. Corporation Name



J69178

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90063 046 ***150.00

BALLOUI	n media, inc.						
Principal Place	e of Business :	Mailing Address				18(1 \$1811 91911 G1E11	
3670 23RD AVE. S. LADE WORTH FL 33461-3247 LADE WORTH FL 33461-3247			7		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	TIIO OF ACE	
					04/24/1987		
2. Principal Pl	lace of Business	2a. Mailing Address		<u></u>	4. FEI Number	Ar	oplied For
21	,	26			59-2779846	No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			V. Germanie er erener Dreiner		equired
City & State	е .	City & State			6. Election Campaign Financing		May Be
23	Occupie	28 Zin	Country		Trust Fund Contribution		to Fees
Zip	Country	Zip [3	30		 This corporation owes the current year Personal Property Tax. 	iri⊓tangibie ∐Yes	□No
24	9. Name and Address of Curren		301		10. Name and Address of New Registe		
	3. Name and Address of Correct		81	Name			
BAC	HMAN, ROBERT		82	Stroot Add	ress (P.O. Box Number is Not Acceptable)		
3670 23RD AVE. S.			02	Sueet Addi	ress (F.O. Dox Number is Not Acceptable)		
LAKE	E WORTHM FL. FL 33461		83				
			84	City		85 Zip	Code
	·			L		FL 00 2	registered
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 au	monzea by	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as re	egistered
_			•				1
SIGNATURE	Signature, typed or printed name of registered age		•		ed when reinstating) DAT		
SIGNATURE	Signature, typed or printed name of registered agei		•		ad when reinstating) ADDITIONS/CHANGES TO OFFICER.		ORS IN 12
		nt and title if applicable. (NOTE;	Registered Age		se willer removering)		ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Age		se willer removering)	S AND DIRECTO	
12. Ππ.Ε	OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME		se willer removering)	S AND DIRECTO	
12. TITLE NAME	OFFICERS AN DP BACHMAN, ROBERT	nt and title if applicable. (NOTE: NOTE: N	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	se willer removering)	S AND DIRECTO	Addition
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14. I hereby certify that the information supplied with this filling 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 the 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 of the receiver or trusted endowered 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 bn an attack mercurity an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF

561-585-6800