FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 APR 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L15631** **(9)**

1. Corporation Name
MEDIA DESIGN SYSTEMS, INC.

Principal Place of Business
800 BRICKELL AVE
STE 600
MIAMI FL 33131
US

Mailing Address
800 BRICKELL AVE
STE 600
MIAMI FL 33131-2914
US

3. Date Incorporated or Qualified: **09/11/1989**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite Apt. # etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite Apt. #. etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0295161** ☐ 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

9. Name and Address of Current Registered Agent
~~JACKSON, ESTHER & PHYLLIS PESATURO~~
~~2570 FLAMINGO DRIVE~~
~~MIAMI BEACH FL 33140~~

10. Name and Address of New Registered Agent
81 Name: Corporate Access, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1116-D Thomasville Road
83: Mount Vernon Square
84 City: Tallahassee FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such 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: Donny Brooks, Pres. 4/24/97
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P/T ☐ DELETE
NAME	JACKSON, ESTHER - 800 Brickell Avenue
STREET ADDRESS	~~2570 FLAMINGO DRIVE~~ Suite 600
CITY, ST, ZIP	~~MIAMI BEACH FL 33140~~ Miami, Fl 33131
TITLE	D/VP/S ☐ DELETE
NAME	PESATURO, PHYLLIS 800 Brickell Ave.
STREET ADDRESS	~~2570 FLAMINGO DRIVE~~ Suite 600
CITY, ST, ZIP	~~MIAMI BEACH FL 33140~~ Miami, Fl 33131
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	800002155038--1
3.3 STREET ADDRESS	-04/25/97--01051--020
3.4 CITY-ST-ZIP	****165.00 ****165.00
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	MWB
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Esther Jackson President 4/23/97 373-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)