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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

MISSION MEDIA INCORPORATED

Γ	ILEL	J
Apr 27	1998	8:00am
Secret	ary o	f State

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Pr	incipal Place of	Business	<u> </u>	Maile	ng Address				-		18181 78188 1781				
2831 RINGLING BLVD F-121 P.O. BOX 4710						Ī									
8	ARASOTA FL 3			SAR	ASOTA FL 34230					DO NOT WRITE IN THIS SPACE					
U	\$			US					3. Date	Incorporated			IS SPACE		
										02/1988	o or Gradii no	u .			
2.	Principal Place	e of Busin	ess	2a. M	ailing Address			-	4. FEI				A	pplied For	
21	<u> </u>	26								9-2886186	<u> </u>			ot Applicable	
22	Suite, Apt. #, e	BIC.		—	Suite, Apt. #, etc.			5. Cert	ificate of Stati	us Desired			Additional		
22	City & State	27 City & 9				State			& Floo	tion Campaig	n Einancine			equired May Be	
23				28	•					t Fund Contri	_	′ _□		to Fees	
	Zip		Country	Z	р	Cour	ntry		8. This	corporation o	wes or has	paid the	current year In	tangible	
24			25 and Address of Ci	29	ad Anant	30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
_				ntreut Hegister	ed Agent		81	Name	10. Nan	18 BNG AGGRE	SS OT NOW	Hegistere	a Agent		
		URN, WA	itine 3 BLVD SUTE F1	04		L									
		SOTA FL		21		I	82	Street Addr	ress (P.O. B	ox Number is	Not Accep	table)			
	OT THE	SOIA IL	04231			ŀ	83								
						ļ	84	City					. 85 Zip	Code	
	······											F			
11	 Pursuant to the office or regis 	he provisk stered age	ons of Sections 607 ent, or both, in the	7.0502 and 607. State of Florida.	1508, Florida Statu Such change was	tes, the ab authorized	ove I by	e-named corporate	poration sub tion's board	mits this state of directors.	ement for the	e purpose	of changing in	ts registered registered	
	agent. I am fa	amiliar wit	h, and accept the o	obligations of, S	ection 607.0505, F	lorida Statı	lles	l.					FF		
SH	SNATURE	sahura humani r	or printed name of register	ad accordand tolla if as	volicuble (NO	15 Panietavad	Aner	nt algneture requir	rod umos soinete	final		DATE			
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NAU						6.2 NAX									
	EET ADDRESS							ADDRESS							
	1-ST-ZIP I hereby certif	fy that the	Information supplie	ed with this filing	does not qualify f	or the exer	nnti	ion stated in	Section 119	0.07(3)(i). Flor	ida Statutes	. I further	certify that the	information	
	indicated on to officer or direct Block 12 or B	this annua ctor of the llock 13 if	report or supplent corporation or the charged, or on ea	nental annual re receiver or trus attentiment with	port is true and acc tee empowered to an address.	curate and execute th	tha is re	t my signatur eport as requ	re shall have uired by Cha	e the same le apter 607, Flo	gal effect a rida Statute	s if made i s; and tha	under oath; the it my name ap	at I am an pears in	