Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M91514

1, Corporation Name

BROADLINE INC.

Principal Place of Business

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90058 014 ***150.00



) MANGIE FA 131 S.W. 132N IAMI FL 33171	ND TERRACE	9831 S.W. 132ND TERRACE MIAMI FL 33176				DO NOT WRITE IN THIS	SPACE		
MMI IL 3017	·	MIMMI IL SSI7	O			3. Date Incorporated or Qualifed			
						07/28/1988			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
26						65-0115166		Not Applicable	
Suite, Apt.	# etc	Suite, Apt.	# etc					Additional	
Suite, Apt. #, etc.						5. Certifcate of Status Desired		Required	
City & State City & State						6. Election Campaign Financing	\$5.0	0 May Be	
!	-	28				Trust Fund Contribution		d to Fees	
`Zip —	Country	Country Zip Cour				8. This corporation owes the current year Int	angible		
! `	25	29				Personal Property Tax.	∐Yes	I No	
١.	9. Name and Address of Curr					10. Name and Address of New Registered Agent			
				81	Name				
FAR	rell, margie				<u> </u>	(S.C. D. M. M. Accontable)			
9831	I \$.W. 132ND TERRACE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	-		
	WI FL 33176			83					
									
				84	City	FL	85 Zi	p Code	
					<u> </u>	poration submits this statement for the purpose of	<u> </u>	ita ragiotarad	
GNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Regi	stered Ager	t signature requir	red when reinstating) DATE			
2.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
1E	DVP		☐ DELETE 1.1 TI				☐ Chang	e Addition	
ME	FARRELL, MARGIE			1.2 NAME					
REET ADDRESS	9831 SW 132 TERR			1.3 STREET	ADDRESS				
TY-ST-ZIP	MIAMI FL 33176		1	1.4 CITY-S	r-ZIP	<u>·</u>			
TLE	DP □ DELETE		2.1 TITLE			Chang	e 🔲 Additio		
WE	ILLES, MICHAEL L			2.2 NAME	4				
REET ADDRESS	AAAA AAAA AAAAA ATTATT			2,3 STREET	ADDRESS	•			
T: ST-ZIP	FT. LAUDERDALE FL 33317		I	2, 4 CITY-S	T-ZIP	· •			
ILE	DELETE			3,1 TITLE			☐ Chang	e 🔲 Additio	
				3.2 NAME					
REE LADORESS			l l	3.3 STREET	ADDRESS				
ST ZIP				34, CITY- S	T-ZIP				
. 01 <u>2</u> ILE				4.1 TITLE			☐ Chang	e 🔲 Addition	
_			1	4. 2 NAME)				
···· I ADDRESS				4,3 STREET	ADDRESS	,			
ST ZIP			1	4.4 CITY- S	T-ZIP				
-			DELETE	5.1 TITLE			Chang	e Addition	
_	{		ŀ	5.2 NAME	l				
··· I ANNESS				5.3 STREET	ADDRESS				
- ST-ZIP				5.4 CITY- S	r-ziP				
			DELETE	6.1 TITLE			Chang	e Additio	
				6.2 NAME	}				
	ļ		l	6.3 STREET	ADDRESS				
	1				1				
ST- ZIP				6.4 CITY-S	T-ZIP				

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.

ST-ZIP