

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P22361** 1. Corporation Name

MEDIASTREAM, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90110 011 \*\*\*158.75



Principal Place	e of Business	Mailing Address			ļ			
ONE HERALD P	PLAZA	ONE HERALD PLAZA						
MIAMI FL 33132-1693 MIAMI FL 33132-1693					DO NOT WRITE IN THIS SPACE			
	0				3. Date Incorporated or Qualifed	12 114 11110 01 710		
		1/ -1 / 0	11	_	T			
		- KNIBHTKI	ddek		12/30/1988 4. FEI Number		Applied For	
$\neg \land \land \land \land \vdash$	ace of Business	2a. Mailing Address	(AntT)	$\sqrt{c}$	, , , , , , , , , , , , , , , , , , , ,	-	Not Applicable	
21 200	5 MUTHE! 31	26 50 W. SAN TEM	VAHVUU	03/	65-0141336	16 48	75 Additional	
Suite Apt. #, etc. 1020 27 (1) + etc. 15			1787		5. Certifcate of Status Desired	, x	ee Required	
22 00/76 10 QU 27 VI TO 15			<u> </u>	4	5 Shadha Canadan Firensia	<del></del>	<del></del>	
23 Miladelphia, PA 28 SAN JOSE			e.c	A	6. Election Campaign Financing Trust Fund Contribution	1 1	ded to Fees	
Zip	Country	Zia.	Country,	~ <u> </u>	8. This corporation owes the curre	ent year Intangible	, ]	
24 19/	0 A B //S	29 45/15 30	$U \subseteq$	>	Personal Property Tax.		s 🗆 No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered Agent		
			81 Na	me			[	
CT CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD			51 Girect Address (r. O. Dox (Mainber is Not Acceptable)					
PLANTATION FL 33324			83					
	•		84 Cit			85	Zip Code	
				•		FL		
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								
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	nns of, Section 607.0505, Florida S	ized by the c Statutes.	orporation	is boate of directors. Thereby accep	и и в арропинен	as registered	
SIGNATURE SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regist	ture required	when reinstating)	DATE			
12.	OFFICERS AND		13	<b>_</b>	ADDITIONS/CHANGES TO OF			
TITLE	P - 3 3		.1 TITLE	ام م	hen, HAL	. □ Cł	lange Accilion	
NAME	CATES, RICHARD		.2 NAME	i	ne Herald PLa	130		
STREET ADDRESS	ONE HERALD PLAZA	1	.3 STREET ADDR	ESS C)	le le ala Fra	24	ĺ	
CITY-ST-ZIP	MIAMI FL		.4 CITY-ST-ZIP	<u> </u>	1ami, FL 331	<u> 38</u>		
TITLE	AT The state of th	☐ DELETE 2	.1 TITLE		•	₩Çı	nange	
NAME	EFFREN, GARY	2	2 NAME		W. SAN FERMAN	T2 00		
STREET ADDRESS	one Hearld PLZ	2	.3 STREET ADDR	ESS   300	W. 240 C		]	
CITY-ST-ZIP	MIAMI FL	2	. 4 CITY-ST-ZIP	5/	m Jose, CH 4	311 2		
TITLE	٧ī	☐ DELETE 3	I.1 TITLE	'	-	⊠cr	ange  Addition	
NAME	JONES, ROSS		2.2 NAME		. Sha Epman	DIST	j	
STREET ADDRESS	ONE HERALD PLAZA	3	3.3 STREET ADOR	ESS <b>50</b>	W. SAN Feman	ر برور الحد <sup>يو</sup>	1	
CiTY-ST-ZIP	MIAMI FL	3	.4. CITY-ST-ZIP	SA	N JOSE, CA 95			
TITLE	S	X DELETE 4	L1 TITLE	5	<b>.</b> n	☐ Cr	nange Addition	
NAME	HARRIS, DOUGLAS C.	<b>'</b>	. 2 NAME	LA	FFOON, POIK	5 N 277 .		
STREET ADDRESS	ONE HERALD PLAZA	4	.3 STREET ADDR	ESS 50	W. SAN Hernan	pasi	Ì	
CITY-ST-ZIP	MIAMI FL	, 4	4 CITY-ST-ZIP	SF	THU JOSE, CA 95	5113		
TITLE	AT	DÉLETE 5	S.1 TITLE	AV	10 1001		nange Addition	
NAME	PRYOR, BRENDA R	5	2 NAME		AUSWITT LYIC	ALLO CIT	<b>-</b> ''	
STREET ADDRESS	ONE HERALD PLAZA	1.5	3.3 STREET ADDR		W. SAN FORDA		{	
CITY-ST-ZIP	MIAMI FL 33132	5	6.4 CITY-ST-ZIP	S	AN JOSE, CA 95	6113		
TITLE	THE STATE OF THE S	☐ DELETE 6	S.1 TITLE	7			ange Addition	
NAME		6	:2 NAME	1 ch	Apman, Alvah	€T•		
				1-0-0				
STREET ADDRESS	,	<b>.</b> e	3.3 STREET ADDR	ESS (O/)	e Herald Phaza		1	

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 tithe faceiver 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.

Lynda Hauswirth D SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

408-938-7745

116099