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 # P9300001330 (8)

ELECTRONIC MEDIA SPECIALISTS, INC.

Principal Place of Business Mailing Address

FILED Mar 02 1998 8:00am Secretary of State



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|---|---|---|---|------------------------------|---|---------------|----------------|
| 7700 NORTH KENDALL DRIVE PENTHOUSE I MIAMI FL 33156 | | 7700 NORTH KENDALI PENTHOUSE I | 7700 NORTH KENDALL DRIVE PENTHOUSE 1 | | | | |
| | | MIAMI FL 33156 | | | DO NOT WRITE IN THIS SPACE | | |
| 1 | | | | | 3. Date Incorporated or Qualified | | |
| <u> </u> | | | | | 01/01/1993 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | Applied For |
| 21 26 | | | | | 65-0469061 | | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | Additional |
| 22 27 | | | | | 5. Certificate of Status Desired | | Regulred |
| I City & Stat | e | City & State | | | 6. Election Campaign Financing | \$5.0 | O May Be |
| 23 | 28 | | | | Trust Fund Contribution | | d to Fees |
| Zip | Country | Zip | Countr | v | 8. This corporation owes or has paid the cur | | |
| 24 | 25 | 29 | 30 | , | Personal Property Tax due June 30. | Yes | □ No |
| <u></u> | 9. Name and Address of Cur | | | | 10. Name and Address of New Registered | | |
| | | Total Transition | 81 | Name | 10, Hame and Address of the Hogisterson | -goin | |
| | AIOLI, THOMAS E 00 NORTH KENDALL DRIVE | | | | | | |
| PENTHOUSE I | | | 62 | Street Add | ddress (P.O. Box Number is Not Acceptable) | | |
| | AMI FL 33156 | | 83 | | | | ** |
| | | | B4 | City | | 85 Zij | p Code |
| 44 | | | | | FL | | |
| 11. Pursuant office or r | to the provisions of Sections 607: egistered agent, or both, in the St | 0502 and 607.1508, Florida Stat ate of Florida. Such change wa | tutes, the abov s authorized by | e-hamed cor v the corpora | rporation submits this statement for the purpose of | changing | its registered |
| office or registered agent, or bolh, 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 | | | | | | | |
| | Signature, typed or printed name of registered | agent and title if applicable. (N | OTF: Registered Ag | ent signature requ | ulred when reinstating) DATE | | ····· |
| 12. | OFFICERS | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | ORS IN 12 |
| TITLE | D | ☐ DELETÉ | 1.1 TITLE | | | L Change | Addition |
| NAME | Fraioli, Thomas e 🤻 | | 1.2 NAME | | | | |
| STREET ADDRESS | TADDRESS 7700 NORTH KENDALL DRIVE | | 13 STREET | ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY - S | ST - 71P | | | 13 |
| TITLE | | DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | | _ | 2.2 NAME | | | | |
| STREET ADDRESS | | | | ADDRESS | • • | | |
| | | | 2.3 STREET | | • | | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 2. 4 CITY- | SI-ZIP | | r | 11170 |
| TITLE | | ☐ DETEIE | 3.1 TITLE | | | ∐ Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | 1 |
| CITY+ST-ZIP | | | 3.4. CITY - 5 | ST - ZIP | | | i |
| TITLE | | DELET e | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | f |
| CITY-ST-ZIP | | | 4.4 CITY - S | T- ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | · | | Change | Addition |
| NAME | | | 5.2 NAME | ı | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - S | | | | |
| TITLE | | DELETE | 6.1 TITLE | - 44 | | Change | Addition |
| | | - occe16 | | | | criainge | L. Addition |
| NAME CARREST APPROACO | | | 6.2 NAME | | | | ļ. |
| STREET ADDRESS | | | 6.3 STAEET | | | | ļ |
| CITY-ST-ZIP | | | 6.4 CITY - S | T-7 P | | | |

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 at indicated 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 of the receiver or trusted empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment virtual and diss.

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