


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

FILED
Apr 28 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P93000032473 (9)**

1. Corporation Name
BLUMENFELD COMMUNICATIONS, INC.



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| Principal Place of Business 3483 PALM CITY SCHOOL AVE. BUILDING I & J PALM CITY FL 34990 | Mailing Address 3483 PALM CITY SCHOOL AVE. BUILDING I & J PALM CITY FL 34990 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 05/03/1993 | |
| 4. FEI Number 65-0417835 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent BLUMENFELD, HAROLD 1325 SW EGRET WAY PALM CITY FL 34990 | | | | 10. Name and Address of New Registered Agent 81 Name BLUMENFELD, HAROLD 82 Street Address (P.O. Box Number is Not Acceptable) 3505 SW RACQUET CLUB WAY 83 84 City PALM CITY 85 Zip Code FL 34990 | | | |
|---|--|--|--|---|--|--|--|

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

| | | | | | | | |
|----------------------------|---------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | STD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BLUMENFELD, HAROLD | | | 1.2 NAME | BLUMENFELD, HAROLD | | |
| STREET ADDRESS | 1325 SW EGRET WAY | | | 1.3 STREET ADDRESS | 3505 SW RACQUET CLUB WAY | | |
| CITY-ST-ZIP | PALM CITY FL 34990 | | | 1.4 CITY-ST-ZIP | PALM CITY, FL. 34990 | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BLUMENFELD, SUNNY | | | 2.2 NAME | BLUMENFELD, SUNNY | | |
| STREET ADDRESS | 1325 SW EGRET WAY | | | 2.3 STREET ADDRESS | 3505 SW RACQUET CLUB WAY | | |
| CITY-ST-ZIP | PALM CITY FL | | | 2.4 CITY-ST-ZIP | PALM CITY, FL. 34990 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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 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 _____ 11-11-98 111-111-111

CR2E034 (10/97)