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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000049778

MEDIA ADVERTISING AGENCY, INC.

Principal Place	of Business	Mailing Address					*****
2131 HOLLYWO	OD BLVD.	2131 HOLLYWOOD BLVD.					
SUITE 102 SUITE 102					DO NOT MIDITE IN TH	HE CDACE	
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 07/15/1993	···	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26	_		65-0422160		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			,	Fee Re	·
City & State	e	City & State			Election Campaign Financing	\$5.00 i Added to	
23	C	28 Tip	Country	<u> </u>	Trust Fund Contribution		rees
Zip	Country	Zip	·	1	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Current		30		10. Name and Address of New Registers		
·	9. Name and Address of Current	Registered Agent	81	Name	10, Marie and Address of Hell Registers		
GIAC	CIN, ROBERT						
	HOLLYWOOD BLVD.		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
SUIT	E 102		83				
	LYWOOD FL 33020						
			84	City		85 Zip C	Code
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	uthorized by	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	pointment as reg	gistered
SIGNATURE					DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Age		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE:	13.			AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D GIACIN, ROBERT	t and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature requ			
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D GIACIN, ROBERT 3400 NORTH 37TH STREET	t and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requ			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D GIACIN, ROBERT 3400 NORTH 37TH STREET HOLLYWOOD FL 33021	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requ			
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS