Mar 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000049871

1. Corporation Name

Principal Place of Business

102 NORTHEAST 2ND STREET

GLOBE COMMUNICATIONS STATION, INC.

BOCA RATON	FL 33432	SUITE 6-294 BOCA RATON FL 33496		DO NOT WRITE IN THIS	SPACE	
}		US US		3. Date Incorporated or Qualifed		
				07/12/1993		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Api	plied For
21	•	26		65-0428640	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & Stat		City & State		 	Fee Re	
23 City & Stat	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip (Country	8. This corporation owes the current year Int	angibje	
24	25	29 30		Personal Property Tax.	™ Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
DIEW	IN IOTI O		81 Name 54	AME		
	IN, JOEL C		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
102 NORTHEAST 2ND STREET BOCA RATON FL 33432			83 Suite 6-29	94		
DOCA RATON PL 33432			5030 Cha	impion Blvd.		
			84 C, Boca Hat	ton, FL 33496 ————————————————————————————————————	85 Zip C	ode
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was author	rized by the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing its ntment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if annifcable (NOTE: Regis	stered Agent signature required	when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PD		44.707.5		Change	Addition
NAME	RIFKIN, JOEL C	. 1	1.2 NAME \$5	AME		
STREET ADDRESS	102 NORTHEAST 2ND STREET	1	1.3 STREET ADDRESS SUI	ite 6-294 30 Champion Blvd.		
CITY-ST-ZIP	BOCA RATON FL 33432	1	1.4 CITY-ST-ZIP BO	oca Raton, FL 33496		
TITLE	VTD			ica naton, i E 50450	_	
NAME		DELETE 2			Change	Addition
	RIFKIN, ELLIS B	<u></u>	2.1 TITLE 350	ANE	Change	☐ Addition
STREET ADDRESS	RIFKIN, ELLIS B 7040 W. PALMETTO PK. STE 2	2	2.1 TITLE 2.2 NAME 2.3 STREET ANDRESS 5	ANE. Suite 6-294 1030 Champion Riv	Change	Addition
	7040 W. PALMETTO PK. STE 2	2 2 2	2.1 TITLE 2.2 NAME 2.3 STREET ANDRESS 5	ANE	Change	☐ Addition
STREET ADDRESS		2 2 2	2.1 TITLE 22 NAME 23 STREET ADDRESS 5 B	ANE. Suite 6-294 6030 Champion Blvd. Boca Raton, FL 33496	Change Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	7040 W. PALMETTO PK. STE 2 BOCA RATON FL 33433	2 2 2 2 2 DELETE 3	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 5 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ANE. Suite 6-294 1030 Champion Blvd. 30ca Raton, FL 33496		
STREET ADDRESS CITY-ST-ZIP TITLE	7040 W. PALMETTO PK. STE 2 BOCA RATON FL 33433 S	2 2 2 2 DELETE 3 3 3	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 5 8 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME SU	ANE Suite 6-294 030 Champion Blvd. loca Raton, FL 33496 AME uite 6-294		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	7040 W. PALMETTO PK. STE 2 BOCA RATON FL 33433 S RIFKIN, RITA A	2 2 2 2 2 2 3 3 3 3	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 5.2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS SU 3.3 STREET ADDRESS SU 5.0	ANE. Suite 6-294 1030 Champion Blvd. 30ca Raton, FL 33496		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	7040 W. PALMETTO PK. STE 2 BOCA RATON FL 33433 S RIFKIN, RITA A 7040 W. PALMETTO PK. STE 2	2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 4 4 4 5 5 5 5 5 5 5	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 5.5 B	ANE. Suite 6-294 1030 Champion Blvd. 30ca Raton, FL 33496 AME. Litte 6-294 130 Champion Blvd.	Change	Addition

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS 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, with all other like empowered.