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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053026 (9)

1. Corporation Name

MEDIASERV, INC.



Principal Place of Business

Mailing Address

~~9990 SW 77 AVE~~
~~STE 207~~
MIAMI FL 33156-2000
US

~~9990 SW 77 AVE~~
~~STE 207~~
MIAMI FL 33156-2000
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1993

4. FEI Number

65-0429944

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 7901 LUDLAM ROAD

Suite, Apt. #, etc.

22 SUITE 202

City & State

23 SOUTH MIAMI, FL

Zip

24 33143

Country

25 USA

2a. Mailing Address

26 7901 LUDLAM ROAD

Suite, Apt. #, etc.

27 SUITE 202

City & State

28 SOUTH MIAMI, FL

Zip

29 33143

Country

30 USA

9. Name and Address of Current Registered Agent

LEVINE, JACK H.

~~9990 SW 77 AVE, SUITE 203~~

~~STE 207~~

~~MIAMI FL 33156-2000~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7901 LUDLAM ROAD

83 SUITE 202

84 City SOUTH MIAMI

FL

85 Zip Code

33143

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD LEVINE, JACK H

STREET ADDRESS ~~9990 SW 77 AVE~~

CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

7901 LUDLAM ROAD, SUITE 202

SOUTH MIAMI, FL 33143

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:

JACK H. LEVINE PRES. 4/22/98 305-665-6645

CR2E034 (10/97)