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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90059 012 ***150.00

CONTROL CONTROL COME BUILD CONTRACTOR OF THE STREET STREET AND STREET STREET STREET

DOCUMENT # P93000053346

1. Corporation Name

BROADWAY MULTIMEDIA, INC.

•	,							
Principal Place	e of Business	Mailing Address				1 (1601) 101 1310 1310 1311 1011 11 11 11 11 11 11 11 11 11 11 11		HI PIPIO OLI 1001
351 ALTARA AVE. 351 ALTARA AVE.								
SUITE B SUITE B					1			
CORAL GABLES FL 33146 CORAL GABLES FL 33146					-	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 07/23/1993		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
⊢ '	ace of business	26 26				65-0435163	 +	Not Applicable
21 26							\$8.75	5 Additional
22 27				5. Certifcate of Status Desired Fee Requir				
City & State City & State						6. Election Campaign Financing	າ \$5.0	0 May Be
23 28						Trust Fund Contribution	Adde	ed to Fees
Zip	Zip Country Zip Cou				ļ	8. This corporation owes the current		_ [
24	25 29 30					Personal Property Tax.	Yes	□No
	9. Name and Address of Curro	ent Registered Agent				10. Name and Address of New Regi	stered Agent	
	C O PENDALI		81	Name	e	•		
HEGE, O. KENDALL				Stree	et Addres	s (P.O. Box Number is Not Acceptable	}	
351 ALTARA AVE.			82					
SUITE B CORAL GABLES FL 33146			83					
CON	AL GABLES FL 33140		84	City			FL 85 Zi	ip Code
44 10	to the provisions of Sections 607.06	02 and 607 1508 Florida Statutes	the above	a-name	ed comors	ation submits this statement for the our	pose of changing	its registered
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 a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florida	a Statutes	•				
SIGNATURE		(NOTE: De	alatava d Aman	t simontum	en raquired us	then rejectating)	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					e required w	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
12.	D	DELETE	11 TITLE		\top	ADDITIONO/OFFIANCES TO OFFICE	Chang	
NAME	HEGE, O. KENDALL		1.2 NAME					
	351 ALTARA AVE., SUITE B		1.3 STREET	. ADDRES				
STREET ADDRESS	CORAL GABLES FL 33146		1.4 CITY-S		~			
CITY-ST-ZIP	COTTAL GABLESTE GOTTO	☐ DELETE	2.1 TITLE	1-2IF		****	☐ Chang	e 🔲 Addition
		_ 5222.12	2.2 NAME		1	_		
_NAME	· · · · ·	-	2.3 STREET	ANNDES				_
STREET ADDRESS	1							
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-S 3.1 TITLE	1-2,12			[Chang	ge Addition
TITLE			3.2 NAME					_
NAME			3.3 STREET				•	
STREET ADDRESS					~			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	I-ZIP	+		☐ Chang	ge
TITLE			4. 2 NAME				Д	,
NAME								
STREET ADDRESS			4.3 STREET		,5			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-ZIP	+-	3011	Chang	ge Addition
TITLE		- Deceie	5.1 STILE 5.2 NAME			•		,- <u>L.</u> , (100,000)
NAME			5.3 STREET	r ADDRES	88			
STREET ADDRESS			5.4 CITY-S		~			
CITY-ST-ZIP			6.1 TITLE	1-217	+-	<u> </u>	Chang	ge 🗍 Addition
TITLE		☐ NETE IE	6.2 NAME					, Linding
I CONT			ŀ	- ADDD				Í
STREET ADDRESS			6.3 STREET	AUUKES	ا دد			1

14. I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is truefand 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 dorporation or the receiver of 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 or an attachnique with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP