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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000074974 (5)

GENESIS MEDIA GROUP, INC.

50	incipal Place of Business  N W HORATIO ST AMPA FL 33806-2265 S	Mailing Address 501 W. HORATIO ST TAMPA FL 33606-2265 US			·				
						3. Date Incorporated or Qualified 10/27/1993		e of Last Report <b>6/1996</b>	
21	Principal Place of Business	2a. Mailing Address 26	Mailing Address			4. FEI Number 65-0446474	Typpic		
Suite, Apt. #, etc. Suite, Apt. #, etc. 220 27 220.						5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23	City & State	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zip Country 25	Zip 29	30	intry		8. This corporation has liability for in Florida Statutes	langible ta Yes		
	9. Name and Address of Cu	rrent Registered Agent		Ī,	10. Name and Address of New Registered Agent				
	EL-BATRAWI, RAMY			81	Name				
501 W HORATIO ST				82	Street Address (P.O. Box Number is Not Acceptable)				
	TAMPA FL 33606			83					
				63					
11	Pursuant to the provisions of Sections 607			84	City		FL	85 Zip Code	

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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: Re		required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS  Delete		18.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR									
TITLE	=	ELEIE	1.0 TITLE	☐ Change	Addition								
NAME	EL-BATRAWI, RAMY		1.8 NAME										
STREET ADDRESS	501 W. HORATIO STREET		1.8 STREET ADDRESS										
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP										
TITLE	DE	LETE	2.1 TITLE	Change	☐ Addition								
NAME		1	2.2 NAME										
STREET ADDRESS			2.3 STREET ADDRESS										
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-								
TITLE	DE	LETE	3.1 TITLE	☐ Change	Addition								
NAME			3.2 NAME										
STREET ADDRESS		- 1	3.3 STREET ADDRESS										
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP										
TITLE	□ DI	LETE	4.1 TITLE	☐ Change	Addition								
NAME		ľ	4. 2 NAME										
STREET ADDRESS			4.3 STREET ADDRESS										
CITY-ST-ZIP			4.4 CITY-ST-ZIP										
TITLE	□ D8	FEIE	5.1 TITLE	☐ Change	Addition								
NAME		1	5.2 NAME		Ì								
STREET ADDRESS			5.3 STREET ADDRESS										
CITY-ST-ZIP			5.4 CITY- \$1-7IP										
TITLE	Di	ELETE	61 TITLE	☐ Change	Addition								
NAME			62 NAME										
STREET ADDRESS		1	6.3 STREET ADDRESS										
CITY-ST-7IP			6.4 C(1Y+ST+7/P										

I do 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 eath; 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 attachmost with an address.

4/2//02

**FILED** 

May 08 1997 8:00am

Secretary of State