## 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

## Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90067 046 \*\*\*150.00

DOCUMENT #	P94000026422
1 Corporation Name	I STUDUCEUTEE

MEDIA ALERT, INC.

Original Ologo of Business

Mailing Addross

Principal Place	at Flace of Dusiness Maining Address						
603 PINEWALK P.O. BOX 20214 BRANDON FL 33510 TAMPA FL 33622				A STATE OF THE STA	. : :		
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					04/06/1994		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
	HAZY MEADOW CT.	26			59-3238920	<b>├</b>	Not Applicable
Suite, Apt.	·/·/	Suite, Apt. #, etc.		_	<u> </u>		Additional
22	<del>n</del> , <del>6</del> 10.	27			5. Certificate of Status Desired	<b>~</b>	Required -
City & State	2	City & State			6. Election Campaign Financing	\$5.0	O May Be
23 Brawd	- ·	28			Trust Fund Contribution Added to Fees		
Zip	Country		Countr	v	8. This corporation owes the current year Ir	ntanoible	
24 335/		29 30			Personal Property Tax. Yes You		
24 3-4	9. Name and Address of Current	<del></del>	<u> </u>		10. Name and Address of New Registered	Agent	· · · · · · · · · · · · · · · · · · ·
<del></del>			81	Name			
SOR	OS, MICHAEL						
	PINEWALK		82 Street Address (P.O. Box Number is Not Acceptable)				
	NDON FL 33510		83	///	ANCY MENDOU -1		·
5,0,0	10011		"				
			84	City	FI	85 Zij	O Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes 1	the abov			of changing	its registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was autho	nized by	/ the corpo	ration's board of directors. I hereby accept the appo	ointment as	registered
agent. I ai	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	<b>S</b> .			
SIGNATURE					orujred when reinstating) DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIREC:	TORS IN 12
12.		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OTH TOERS A	Change	
TITLE	DP DATED DATED		1.2 NAME	}			
NAME	BEAVER, RALPH				3933 E. EDEN Rock Circh		
STREET ADDRESS	3935 E. EDEN ROCK CIRCLE			T ADDRESS	The state of the s		
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY- 5	ST-ZIP	TrupA, 71. 33635	- Character	- CT Addition
TITLE	DVST	☐ DELETE	2.1 TITLE			Chang	e
NAME	SOROS, MICHAEL		2.2 NAME				
STREET ADDRESS	603 PINEWALK	1	2.3 STREE	TADDRESS	JIJ HAZY MENDOW ET.		
CITY-ST-ZIP	BRANDON FL 33510		2. 4 CITY-	ST-ZIP	BANDON, 7% 335/0		
TITLE		☐ DELETE	3.1 TITLE			Chang	je 🔲 Additio

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 changes, by on an attachment with an address, with all other like empowered.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

□ DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MICHMEL A. SOROS

8131 282-8612

Addition

Addition

Addition

Change

Change

☐ Change