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

DOCUMENT # P9400032067 1. Corporation Name

Principal Place of Business

TOUCH MEDIA, INC.

Mailing	Address

May 27, 1999 8:00 am Secretary of State

05-27-1999 90003 034 ***150.00



6601 NW 26TH BOCA RATON F US		6601 NW 26TH WAY BOCA RATON FL 33496 US			DO NOT WRITE IN T 3. Date Incorporated or Qualifed 04/25/1994	HIS SPAC	E
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0488059		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	.75 Additional
22	<u> </u>	27			J. Commente di Statut Boomed	F	ee Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	Zip 29	Country 30	,	This corporation owes the current year Personal Property Tax.	r Intangible Ye	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			ļ
WHITE, LINDA M 6601 NW 26TH WAY			82	Street	Address (P.O. Box Number is Not Acceptable)		
BOC	A RATON FL 33496		83	<u> </u>			
			84	City	,	85	Zip Code
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	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE:	Registered Age	nt signature i	required when reinstating) DATI		
12.	OFFICERS AN	·	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Ch	ange
NAME	LINDA M. WHITE		1.2 NAME				
STREET ADDRESS	6601 NW 26TH WAY		1.3 STREE	TADDRESS			i
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			□ c+	ange [] Addition
NAME		·	2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			ì
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			- DAddison
TITLE		☐ DELETE	3.1 TITLE			□ Ch	ange Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		Florier	3.4. CITY-5	ST-ZIP		ΠC	nange
TITLE		☐ DELETÉ	4.1 TITLE				large Audilion
NAME			4. 2 NAME				
STREET ADDRESS	•		1	TADDRESS			1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		□ CH	nange
TITLE		□ nereie	5.1 TITLE 5.2 NAME			ப	LI Addition
NAME	· · ·		1	T ADDRESS			\
STREET ADDRESS			5.4 CITY-S				j
CITY-ST-ZIP		☐ OELETE	6,1 TITLE	1-21		C+	nange
TITLE		□ nere is	6.2 NAME			170	~~ Character
NAME				TADORESS			
STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-S	1-ZIP	i		

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.

SIGNATURE: