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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000059478

1. Corporation Name MEDIA 21, INC.

Principal Place of Business 4400 140TH AVE NORTH SUITE 170 CLEARWATER FL 34622 US

Mailing Address 4400 140TH AVE NORTH SUITE 170 CLEARWATER FL 34622 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 08/11/1994

4. FEI Number 59-3251821

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAUFFMAN, JAY E 6526 CENTRAL AVE ST PETERSBURG FL 33710

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE NAME FRIEDMAN, ERNEST STREET ADDRESS 4750 DOLPHIN LAY LANE S CITY-ST-ZIP ST PETERSBURG FL 33711

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE D DELETE NAME HAKIAMIAN, GARY STREET ADDRESS 405 6TH AVE N CITY-ST-ZIP TIERRA VERDE FL 33715

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE D DELETE NAME FORDE, DERMOT STREET ADDRESS 2411 BAY BLVD CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE D DELETE NAME GRIECO, NICK STREET ADDRESS 4400 140TH AVE N CITY-ST-ZIP CLEARWATER FL

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE D DELETE NAME MAHALICK, DAVE STREET ADDRESS 4400 140TH AVE N CITY-ST-ZIP CLEARWATER FL

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 changed, with an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

04/30/99 (727) 530-1009 Date Daytime Phone #

CR2E034 (1/98)