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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000065243

1. Corporation Name

AB VENTURE MEDIA, INC.

Principal Place	e of Business	Mailing	g Address				1 12011231 110 10111 21211 20111 21	511) 55 1)1 55115 5	ingi gine iign i	11888 1111 1881
2295 CORPORA	ATE BLVD NW	2295 C	ORPORATE BLVD	NW						
SUITE 222 SUITE 222						DO NOT WRITE IN THE CRACE				
BOCA RATON FL 33431 BOCA RATON FL 33431						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						3.	'			
			W. a. Address				09/14/1994 FEI Number		1 / 4==	oline Enr
2. Principal Pi	lace of Business	 	iling Address			4.			<u> </u>	olied For
21	<u></u>	26	ite, Apt. #, etc.				65-0520343		\$8.75 A	Applicable
Suite, Apt.	#, etc.	27 .	ite, Apt. #, etc.			5.	Certificate of Status Desired	5 0	Fee Rec	
City & Stat	ie	Cit	y & State			6.	Election Campaign Financing		\$5.00	May Be
23		28		_			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip)	Coun	try	8.	This corporation owes the cur	rent year Inta	ingible	
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address	of Current Registere	d Agent			10.	Name and Address of New	Registered A	Agent	
				1	Name					
HERRICK, NORTON					2 Street	Address (F	P.O. Box Number is Not Accept	able)		
2295 CORPORATE BLVD NW							<u> </u>			
SUITE 222			1	33		.				
BOCA RATON FL 33431				ļ.	4 City				85 Zip C	nde.
					City			FL		,500
11 Pursuant	to the provisions of Sections	a 607 0602 and 607 1			wa namad					
office or r	registered agent, or both, in t im familiar with, and accept t	the State of Florida. S the obligations of, Sec	Such change was a ction 607.0505, Flo	authorized I orida Statut	by the corp es.	oration's b	n submits this statement for the pard of directors. I hereby acce	pt the appoin	tment as rec	registered pistered
office or r agent. I a SIGNATURE	registered agent, or both, in a man familiar with, and accept to signature, typed or printed name of re	the State of Florida. S the obligations of, Sec agistered agent and title if appl	Such change was a ction 607.0505, Flui	authorized orida Statut	by the corp es.	required when	pard of directors. I hereby acce	pt the appoin	itment as reg	gisterød
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office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in in familiar with, and accept to Signature, typed or printed name of respect to PDST HERRICK, NORTON 2295 CORPORATE BLY BOCA RATON FL	the State of Florida. S the obligations of, Sec agistered agent and title of appl CERS AND DIRECTO	Such change was a ction 607.0505, Floricable. (NOT DRS	E: Registered A 13. 1.1 TITL 12 NAW 1.3 STR	by the corposes. gent signature i E E EET ADDRESS -ST-ZIP	required when	pard of directors. I hereby acce	pt the appoin	D DIRECTO	RS IN 12
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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 suppliemental 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, prior any attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TIRE MEDICE RED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition