## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

## P94000081194 (0) **DOCUMENT #**

MEDIA BROKERS, INC.



							. 11881    <b>9</b> 18	, HULLI BIDA 1961	
Principal Place of Business Mailing Address									
2037 FIRST AVE N 2037 FIRST AVE N ST PETERSBURG FL 33713 ST PETERSBURG FL 33713			3713	3					
						3. Date Incorporated or Qualified 11/04/1994	3a. Date <b>05/</b>	of Last Re 01/199	
2. Principal	Place of Business	2a. Mailing Address	lailing Address			4. FEI Number			Applied For
21		26						Not Applicable	
Suite, Ap	ot. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
22 City & St	ate	City & State			6. Election Campaign Financing			O May Be	
23		28			Trust Fund Contribution			d to Fees	
Zιρ	Country	Zip	Co	untry		8. This corporation has liability for i		under s	199.032,
24	25	29	30			Florida Statutes			
	g. Name and Address of Curre	nt Registered Agent		0.1	None	10. Name and Address of New R	egistered A	gent	
2022				81	Name				
POPE, ROBERT W 2037 FIRST AVE N				62	Street Addr	dress (P.O. Box Number is Not Acceptable)			
	TERSBURG FL 33713			83					
QI I L	TENODORA TE SOZIO							77	
				84	City		FL	85 Zı	p Code
SIGNATURE	Signature, typed or printed name of registered age	ND DIRECTORS	13.		t signature recure	ADDITIONS/CHANGES TO OFF			
TITLE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DELETE		1. 1 TITLE			L	] Change	Addition
NAME	FOX, JEFFREY N 2406 VANDERVORT RD		1.2 NAME						
STREET ADDRES	11772 FL 33649			13 STREET ADDRESS					
CHY-ST-ZIP TITLE	\$	DELETE			1 - 21P'		F	] Change	Addition
NAME	SKORNSCHEK, SCOPT		DEFETE 2 1				_	,	
STREET ADDRES	5433 LANGLECLARE RD		23	STREE!	ADDRESS				
CITY - ST - ZIP	LUFZ FL 33549		2.4 CITY - ST - ZIP		T - ZIP				
TITLE		DELETÉ		3 1 TITLE				] Change	Addition Addition
NAME	POPE, ROBERT W			NAME					
STREET ADDRES	819 17TH AVE N ST PETERSBURG FL 33701				I ADDRESS				
CITY-ST-ZIP	31 FEIENSBUNG FL 33/01	DELETE		CITY - S THILE	i I - ZIP			7 Change	Addition
NAME		o		NAME			_	,	_
STREET ADDRES	SS		1		ADDRESS				
CITY-ST-ZIP			4.4	CITY - S	ST - ZIP				
TITLE		DELETE	DELETE 5 1					Change	Addition
NAME				NAME					
STREET ADDRES	SS				ADDRESS				
CITY-ST-ZIP		☐ DELETE		CHY-S TITLE	ST-Z-P		r	] Change	☐ Addition
TITLE		□ percip		NAME			L	1 Onanys	LI AGORDII
NAME STREET ADDRES	ec				ADDRESS				
CITY-ST-ZIP	33			CHY-5					
9111-31-21F	all and the the information of the line	tuiki kuis films in ontontasti fil	o shad and	4 doo	o pot ouditu	for the evenuation stated in Section 110	07/21/W Elo	rida Statu	itee I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 chapter 6, or on an attachment with an address

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR