## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # **P94000089394 (8)**

MEDIA MAGIC ENTERPRISES. INC.

Mailing Address Principal Place of Business 2875 NE 191 ST. #806 3300 NE 191ST ST. SUITE 1701 AVENTURA FL 33180 **AVENTURA FL 33180-2448** HS 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1994 09/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 20801 BISLAYNE BLUD. 65-0578237 Not Applicable Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be AVE NTUM Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032. Zip Yes XNo UZ 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS INC. 3732 N.W. 16TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311 83 84 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. Stg. stare: typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition THE 1.1 TITLE SELLARS, RICK 1.2 NAME CR2E034 MALLE 3300 N.W. 191ST ST. #1701 STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI FL 33180 1.4 CITY+ST-ZIP CITY-ST 2H DELETE 2.1 TITLE ☐ Change Addition THE 2.2 NAME NAM! 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHIY-SI-ZIP DELETE Change Addition TIFLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CCLY ST-ZIP Addition DELETE Change 4.1 TITLE TILLE

6.4 CITY - ST - ZIP 14. I do 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.

4, 2 NAME

5 1 TITLE

52 NAME **53 STREET ADDRESS** 

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5 4 CITY - ST - ZIP

SIGNATURE:

NAME

TILE. NAME

MILE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS

CITY - ST - ZIP

CITY - \$1 - 7/P

DELETE

DELETE

**FILED** 

May 15 1997 8:00am

Secretary of State

Change

Addition

Addition