

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

FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012134 (9)

1. Corporation Name

GLOBAL AUDIENCE PROVIDERS, INC.

Principal Place of Business

819 PEACOCK PLAZA
SUITE 638
KEY WEST FL 33040

Mailing Address

819 PEACOCK PLAZA
SUITE 638
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

65-0556081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEEDE, ROBIN
1024 MARGARET ST.
KEW WEST FL 33040

81 Name

KEVIN BEEDE

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

1024 MARGARET STREET

83

84 City

KEY WEST, FL

FL

85

Zip Code
33040

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

Robin Beede - Secy.

2/20/98

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

(Not Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD - Secy. ☐ DELETE
NAME BEEDE, ROBIN
STREET ADDRESS 819 PEACOCK PLAZA, STE. 638
CITY-ST-ZIP KEW WEST FL 33040

1.1 TITLE VTD President ☐ Change ☒ Addition
1.2 NAME BEEDE, KEVIN
1.3 STREET ADDRESS 819 PEACOCK PLAZA, SUITE 638
1.4 CITY-ST-ZIP KEY WEST, FL 33040

TITLE PSD ☒ DELETE
NAME HIMEBAUGH, MARIA
STREET ADDRESS 819 PEACOCK PLAZA, STE. 638
CITY-ST-ZIP KEW WEST FL 33040

2.1 TITLE Vice President / Treasurer ☐ Change ☒ Addition
2.2 NAME LANG HIMEBAUGH
2.3 STREET ADDRESS 819 PEACOCK PLAZA, SUITE 638
2.4 CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

Kevin Beede

2/10/98

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