

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017105 (4)

1. Corporation Name

HSG MEDIA, INC.



Principal Place of Business

C/O 1140 KANE CONCOURSE, 5TH FLOOR
BAY HARBOR ISLANDS FL 33154

Mailing Address

C/O 1140 KANE CONCOURSE, 5TH FLOOR
BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERS, ROBERT H
1140 KANE CONCOURSE, 5TH FLOOR
BAY HARBOR ISLANDS FL 33154

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

D
NAME: ~~SILVERS, ROBERT H~~
STREET ADDRESS: ~~C/O 1140 KANE CONCOURSE, 5TH FLOOR~~
CITY-ST-ZIP: ~~BAY HARBOR ISLANDS FL 33154~~

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D
11 TITLE: ARTHUR SCHLECHT
12 NAME: 2999 NE 191 ST # 804
13 STREET ADDRESS: MIAMI BEACH, FL 33181
14 CITY-ST-ZIP:

☐ Change ☒ Addition

21 TITLE: ☐ Change ☐ Addition
22 NAME:
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14. 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, the power 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR SCHLECHT

2-14-96

305-864-7531

Date

Daytime Phone #

CR2E034 (12/95)