FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT** # P95000019848 (7) ZAPP CHANNEL, INC. Principal Place of Business Mailing Address 7291 NW 74 STREET 7291 NW 74 STREET SUITE 350 SHITE 350 MEDLEY FL 33166 MEDLEY FL 33166 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 03/10/1995 4. FEI Number 2. Principal Place of Business 2e. Mailing Address Applied For 65-0639478 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KURKIN, ALEX 2701 LE JEUNE ROAD Street Address (P.O. Box Number is Not Acceptable) **SUITE 350** 83 CORAL GABLES FL 33134-5821 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SAWICKI, DANIEL NAME 1.2 NAME 7291 NW 74TH STREET STREET ADDRESS 1.3 STREET ADDRESS MEDLEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **BUONACUCINA, CARLOS A** NAME 2.2 NAME 25 DE MAYOO, 125 PISO 3 STREET ADDRESS 2.3 STREET ADDRESS CORDOBA AR CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE TITLE **BUONACUCINA, MARTIN** 32 NAME NAME 25 DE MAYO, 126 PISCO 3 STREET ADDRESS 3.3 STREET ADDRESS CORDOBA AR CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME BEHAR, ROBERT 4. 2 NAME 7291 NW 74TH STREET STREET ADORESS 4.3 STREET ADDRESS MEDLEY FL CITY-ST-2#P 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 14. I hereby certify that the information supplied with the 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 agridal 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 for 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:

SIGNATURE: