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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVIDION OF CORDODATIONS

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

DOOL		DIVISIONOF		i i	
DOCUMENT # P95000022382  1. Corporation Name  BCG ACCHISITION CORPORATION				01-22-1999 90003 00	08 ****158.75
BCG AC	CQUISITION CORPORATION				
				# 1 <b>48</b> 14 <b>06</b> 1 148 (046) 0214 0214 03	#### #################################
Principal Place of Business Mailing Address				CONSTANT SOUNDS BIER MARIE MAINE	ABELL ORSING LEGER HERRO LEGER HÖLTA HER HÖNL
P.O. BOX 100	527	P.O. BOX 100527			
FORT LAUDER	RDALE FL 33310	FORT LAUDERDALE FL 33	310	DO NOT WRITE	EIN THIS SPACE
				3. Date Incorporated or Qualifed	IN THIS SPACE
				03/20/1995	
Principal Place of Business     2a. Mailing Address		1 - 11 Hr	4. FEI Number	Applied For	
21		26 -		65-0565357	Not Applicable
Suite, Apt.	. #; etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22 City & Sta	**	27	·		Fee Required
23	ite	City & State		6. Election Campaign Financing	□ \$5.00 May Be
Zip	Country	28     Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes the curren     Personal Property Tax.	Yes No
	9. Name and Address of Curre		[24]	10. Name and Address of New Reg	
LAAN	UDEL CRACI		81 Name		
	NDELL, CRAIG J CORPORATE DRIVE		82 Street Add	Iress (P.O. Box Number is Not Acceptable	e)
	TE 510			- 2 - 182   Page 3 - K   Higher 182	**************************************
	RT LAUDERDALE FL 33334		83		
	2		84 City	The second secon	85 Zip Code
11 Principal	to the provisions of Sections 607.050	22 and 607 1509 Elocida Statut	on the above named com	ogration out with this statement for the	<u> </u>
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was a	uthorized by the cornorati	poration submits this statement for the pu	irpose of changing its registered
agent. i a		* CO COT OF OF FI	and corporati	ion's board or directors, i nereby accept t	ne appointment as registered
	· -	itions of, Section 607.0505, Flo	rida Statutes.	on's board of directors. Thereby accept t	the appointment as registered
SIGNATURE	· -	mons or, Section 607.0505, Fig	rida Statutes.  : Registered Agent signature require		DATE
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	nda Statutes.		DATE
	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating)	DATE
12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DP GORDON, BRIAN	nt and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature require	ad when reinstating)	DATE CERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age:  OFFICERS AN  DP  GORDON, BRIAN  3317 NW 10TH TERR SUITE 46	nt and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature require	ad when reinstating)	DATE CERS AND DIRECTORS IN 12
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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 cath; 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 with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

954-561-3607