SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 SEP -6 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024662
1. Corporation Name: AFRICAN-USA-MEDIA, INC.

Principal Place of Business | Mailing Address

100001952321
-09/20/96--01014--014
****225.00 ****225.00

3. Date Incorporated or Qualified: 3-28-95
3a. Date of Last Report:

2. Principal Place of Business: 21 8337 Royal Palm Blvd
Suite, Apt #, etc: 22
City & State: 23 Coral Springs, FL
Zip: 24 33065 Country: 25 Broward

2a. Mailing Address: 26 P.O.BOX 9822
Suite, Apt #, etc: 27
City & State: 28 Ft. Lauderdale, FL
Zip: 29 33310 Country: 30 Broward

4. FEI Number: 65-0472003 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Narcisse Noukafou
8337 Royal Palm Blvd
Coral Springs, FL 33065

10. Name and Address of New Registered Agent

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
TITLE: Reg / NAME: Narcisse Noukafou / STREET ADDRESS: 8337 Royal Palm Blvd / CITY-ST-ZIP: Coral Springs, FL 33065	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: Pr. / NAME: Narcisse Noukaou / STREET ADDRESS: 8337 Royal Palm Blvd / CITY-ST-ZIP: Coral Springs, FL 33065	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: Sec / NAME: Narcisse Noukafou / STREET ADDRESS: 8337 Royal Palm Blvd / CITY-ST-ZIP: Coral Springs, FL 33065	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: Tre / NAME: Narcisse Noukafou / STREET ADDRESS: 8337 Royal Palm Blvd / CITY-ST-ZIP: Coral Springs, FL 33065	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (3/96)

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: NARCISSE NOUKAFOU 8-5-96 954-966-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #