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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000045870 (9)

MEDIA U.S.A., INC.

Principal Place of Business

Mailing Address

FILED

Feb 04 1998 8:00am

Secretary of State

3042 N.W. 72 AVE MIAMI FL 33122				3042 N.W. 72 AVE Miami Fl 33122					
								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified 06/08/1995	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For	
21 26]				65-0591413 Not Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.				— \$9.75 Additional	
22 27								5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23								Trust Fund Contribution Added to Fees	
Zip	-	Country	<u> </u>	Zip	⊢			8. This corporation owes or has paid the current year Intangible	
25 29 29 3. Name and Address of Current Registered Agent					30	Personal Property Tax due June 30. 1 Yes 12		Personal Property Tax due June 30. Yes No	
WANG, SIMON S						81 Name			
6950 NW 193 LANE MIAMI FL 33015				8		82	2 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33013				•					
						84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the						above	bove-named corporation submits this statement for the purpose of changing its registered		
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 egent and little if applicable. (NOTE; Registered Agent signature required when reinstating) DATE									
12.	Signature, typed		red agent and litte S AND DIREC				nt signature re	equired when reinstating) DATE	
TITLE	PD	OFFICER	3 AND DIREC	DELETE	13	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME		SIMON						E Change E Addition	
STREET ADDRESS					1.2 NAME 1.3 STREET ADDRESS		ATORECE		
CITY-ST-ZIP	A CLASS OF A GOLD								
TITLE	TD DELETE					1.4 CITY-ST-ZIP		Change Addition	
NAME	CHANG, PETER				■ *	2 2 NAME		Ontango Nation	
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP	0. 5.5.5.1.5.04.5.000				2, 4 Ci		i	. <u>"</u> . — — ,	
TITLE						3 1 TITLE		Change Addition	
NAME	YIGH, PO-YI					NAME		_ • _	
STREET ADDRESS	s 3233 JANKU CT					3.3 STREET ADDRESS			
CITY - ST - ZIP	ZIP SAN JOSE CA 95127				3.4. CITY - ST- ZIP		T-ZIP		
TITLE				DELETE	4.1	TITLE		Change Addition	
NAME					4. 2	NAME			
STREET ADDRESS					4.3 9	STREET	ADDRESS		
CITY-ST-ZIP					4.4 (CITY-ST	-ZiP		
TITLE				☐ DELETE	5.1	TITLE		☐ Change ☐ Addition	
NAME					5.2 1	IAME			
STREET ADDRESS					5.3 \$	TREET /	ADDRESS		
CITY-ST-ZIP					5.4 (CITY-ST	- ZIP		
TITLE				DELETE	6.17	THE		☐ Change ☐ Addition	
NAME					6.21	IAME			
STREET ADDRESS					6.3 8	STREET A	ADDRESS		
CITY-ST-ZIP						6.4 CITY-ST-ZIP			
14. I hereby c	ert ty that the	intermation suppli	ed with this fil	ing does not qual	ify for the ex	empti	on 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: