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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000049882 (0)

1. Corporation Name
WIRED LOGIC MEDIA, INC.

Principal Place of Business
97 PELICAN DR.
FT. LAUDERDALE FL 33301

Mailing Address
P.O. BOX 14458
FT. LAUDERDALE FL 33302-4458



2. Principal Place of Business
21 2669 E COMMERCIAL
Suite, Apt. #, etc.
22 201
City & State
23 FT LAUD FL
Zip
24 33308 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified
06/23/1995
3a. Date of Last Report
04/25/1996
4. FEI Number
65-0594591
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
MOTTA, ROBERT C
37 PELICAN DR.
FT. LAUDERDALE FL 33301

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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOTTA, ROBERT C
37 PELICAN DR.
FT. LAUDERDALE FL 33301
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2669 E. COMMERCIAL BLVD
FORT LAUD FL 33308
Change Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Change Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Change Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
Change Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
Change Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change Addition

14. I do 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 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:

[Handwritten Signature]

4/11/97 954-202-0051

CP2E034 (9/96)