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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500075471 (9) THE ADVANTAGE MEDIA GROUP, INC.

Principal Place of Business Mailing Address 3214 WEST KENNEDY BLVD 3214 WEST KENNEDY BLVD TAMPA FL 33609-3007 **TAMPA FL 33609** 3. Date Incorporated or Qualified Date of Last Report 04/19/1996 09/25/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3363185 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent GARCIA, CARLOS M M.D. 81 PHOERE 11350 66TH ST N #109 82 **LARGO FL 34643** 83 84 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 Styles 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 appointment as registered statutes.

SIGNATURE SIGNATUBE > (NOT: Registered Agent signature required when reinstating) ne of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIPLCTORS IN 12 13. DELETE DIRECTOR Change TITLE 1.1 THLE ☐ Addition GARCIA, CARLOS M. M.D. NAME 1.2 NAME W. KENNEDY 11350 66TH N #109 STREET ADDRESS 1.9 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE 2.1 THEE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP ☐ DELETE TITLE Change Addition 3 1 111LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 DILE \_\_ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 DITE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE. Change Addition TITLE 611011

14. I do hereby certify that the information supplied with this filling 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 trastee 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 the attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CHY-\$1-7IP