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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096922 (6)

MEDIA GROUP PRODUCTIONS, INC.

**FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						{	YOUND IMITM MITTE THUIN H	BIN HIEL HIEL	
8018 LESIA CIRCLE 8018 LESIA CIRCLE ORLANDO FL 32835 ORLANDO FL 32835						DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualified			
						01/01/1996			
2. Principal P.	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number	Ar	plied For	
21		26	26			59-3349190	No	t Applicable	
Suite, Apt.	₩, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	Certificate of Status Desired Section Fee Required		
City & State	)	<u>-</u> 1 '	City & State			B. Election Campaign Financing     Trust Fund Contribution     Added to Fees			
Zip Country		28	ZIP Country				7.12-4-	<del></del>	
<b>→</b> ' ⊢-¬ '			30		,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes \( \square\) No			
24	25 29 9. Name and Address of Current Registr					10. Name and Address of New Registered Agent			
ME	WMAN, RITCHIE R			81	Name	10. 11.		***************************************	
80		82		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
OF	ILANDO FL 32835								
				84	City		<b>85</b> Zip (	Code	
dd Director	the avertisions of Costings 607.00	00 and 607 4000	Florida Ctatuta	a the shou		rporation submits this statement for the purp	FL   B   Zip \	lo ragistared	
effice or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such	change was at	uthorized by	v the corpora	ition's board of directors. I hereby accept the	ne appointment as	registered	
SIGNATURE	Signature, typed or printed name of registered a	nietrota alla accioti int	drait	Davishund Ag	nt sionet an rea	ired when reinslating)	DATE		
12.		ND DIRECTORS	(140711	13.	ant signature requ	ADDITIONS/CHANGES TO OFFICER		S IN 12	
TITLE	PSTD		DELFTE	1.1 TITLE	<u>-</u>		Change	Addition	
NAME	NEWMAN, RITCHIE R			1.2 NAME					
STREET ADDRESS	6018 LESIA CIRCLE			13 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32835			1.4 CiTY-5	ST-ZIP				
TITLE			DELETE	2.1 TITLE			Change	Addition	
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP				2.4 CITY-	ST-ZIP				
TITLE			DELETE	3.1 TITLE			Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3 3 STREET	ADDRESS				
CITY-ST-ZIP		·		3.4. CITY-	ST-ZIP		<del></del>		
TITLE		I	DELETE	4.1 TITLE			☐ Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREFT	ADDRESS				
CITY-ST-ZIP				4.4 CITY - S	T-ZIP				
TITLE			DETEA	51 TITLE			☐ Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S	I - ZIP				
TITLE		l	DELET <b>E</b>	6.1 TITLE			Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S		0 200 470 0970 0 5 10 0 10 10 10 10 10 10 10 10 10 10 10 1			
14. I hereby o	ertify that the information supplied	with this filing does	not qualify for	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I fur	her 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.