

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

FILED
May 04 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000005824 (3)**

1. Corporation Name

URBAN MAINSTREAM, INC.



| | |
|---|---|
| Principal Place of Business 528A CLEMATIS STREET WEST PALM BEACH FL 33401 | Mailing Address 528A CLEMATIS STREET WEST PALM BEACH FL 33401 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|---|
| 2. Principal Place of Business 21 518 Banyan Blvd Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip 24 33401 | | 2a. Mailing Address 26 518 Banyan Blvd Suite, Apt. #, etc. 27 City & State 28 West Palm Beach Zip 29 FL Country 30 33401 | | 3. Date Incorporated or Qualified 01/17/1996 | 4. FEI Number APPLIED FOR 65-0754629 Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**STAMBAUGH, REGINALD G
1400 CENTREPARK BLVD., STE. 880
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

| | |
|------------------------------------|--|
| 81 Name Lawrence Corning | 82 Street Address (P.O. Box Number is Not Acceptable) 518 Banyan Boulevard |
| 83 | 84 City West Palm Beach |
| 85 Zip Code 33401 | |

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

Lawrence Corning

(NOTE: Registered Agent signature required when reinstating)

DATE

4.22.98

| | | | |
|--|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE DP | <input type="checkbox"/> DELETE | 1.1 TITLE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CORNING, LAWRENCE | | 1.2 NAME Lawrence Corning | |
| STREET ADDRESS 528A CLEMATIS STREET | | 1.3 STREET ADDRESS 518 Banyan Boulevard | |
| CITY-ST-ZIP WEST PALM BEACH FL 33401 | | 1.4 CITY-ST-ZIP West Palm Beach, FL 33401 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, unchanged, or on an attachment with an address.

SIGNATURE

Lawrence Corning

4.22.98

518 833-1100

CR2E034 (10/97)