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

CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000013324 (4) DOCUMENT

MEDIA BROTHERS, INC.

officer or director of the corpo Block 12 or Block 13 if cha

SIGNATURE

Principal Place of Business Mailing Address 13957 OSPREY LINKS PO BOX 3748 ORLADNO FL 32802 DO NOT WRITE IN THIS SPACE ORLANDO FL 32837 3. Date Incorporated or Qualified 02/12/1996 2. Principal Place of Business 2a. Mailing Address Applied For 7735 Pointview Circle 26 59-3366847 Not Applicable 21 same as above Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Orlando FL 23 Added to Fees 28 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible Y Yes 24 32836 ☐ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACOBSON, ROGER S 13957 OSPREY LINKS ROAD #92 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 83 84 City Zip Code 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and SIGNATURE of registered agent and lifle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE JACOBSON, MITCHELL 1.2 NAME NAME P.O. BOX 3748 N/A 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32802 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE D Roger S. Jacobson **2.2 NAME** P.O. Box 3748 STREET ADDRESS 2.3 STREET ADDRESS Orlando, FL 32802 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information indicated on this annual report or

Roger S. JACOBSON