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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000017472 (7)

MAVERICK MEDIA SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Jun 24 1997 8:00am Secretary of State



TAMPA FL 33602		TAMPA FL 33602-5832	TAMPA FL 33602-5832			
					3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. Fet Number	Applied For
21		26	26		59-3389506	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>	\$0.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May 8e
23		28		·····	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for it	ntangible tax under s. 199,032,
24	25	29	30			Yes No
	9. Name and Address of Curr	ent Registered Agent	81	T *1	10. Name and Address of New Reg	platered Agent
	IRILS, DEBRA A		81	Name		
501 E. KENNEDY BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1400						
TAM	IPA FL 33602		83	'		1
			84	City		85 Zip Code
				<u> </u>		FL ' '
office or re agent. I ar	to the provisions of Sections 607.0 e gister ed agent, or both, in the Sta m f am iliar with, and accept the obl	502 and 607.1508, Florida Stat ite of Florida. Such change wa igations of, Section 607.0505,	tutes, the abov is authorized b Florida Statute	re-named corp by the corporal is.	poration submits this statement for the priction's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE .	Stonature, typed or printed name of registered a	agent and tillo if applicable (N	IOTE: Registered Ap	ent signature requi	red when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
name	MOORE, JAN J		1.2 NAME]:
STREET ADDRESS 100 W. KENNEDY BLVD., STE. 660			1.3 STREE	T ADDRESS		1
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	BATEMAN, RICK J		22 NAME			
STREET ADDRESS 100 W. KENNEDY BLVD., STE. 660			2.3 STREE	1 ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		2 4 City-	ST-ZIP		
TITLE		DELETE	3.1 117LE			Change Addition
NAME			3.2 NAME			į
STREET ADDRESS		,	3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	\$1-ZIP		,
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	\$1 - Z IP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME		•	5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			. 6.2 NAME			į
STREET ADDRESS			6.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

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 application 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 of the receiver or trustee appears in Block 12 or Block 13 if physics or an an address.