

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90028 009 \*\*\*150.00

DOCUMENT # P96000018058

1. Corporation Name  
C.M. MEDIA CONSULTANTS, INC.

Principal Place of Business  
10355 PARADISE BLVD., #408  
TREASURE ISLAND FL 33706

Mailing Address  
10355 PARADISE BLVD., #408  
TREASURE ISLAND FL 33706



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number  
59-3371864

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 420 64TH AVE

Suite, Apt. #, etc.

22 #1302

City & State

23 ST. PETE Bch, FLA

Zip

24 33706

Country

25 USA

2a. Mailing Address

26 420 64TH AVE

Suite, Apt. #, etc.

27 #1302

City & State

28 ST. PETE Bch, FLA

Zip

29 33706

Country

30 USA

9. Name and Address of Current Registered Agent

KOS, MCKENYA  
10355 PARADISE BLVD., #408  
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 420 64TH AVE #1302

84 City

ST. PETE Bch

FL

85 Zip Code

33706

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 *K. Kenya*

(NOTE: Registered Agent signature required when reinstating)

2/16/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCKENYA, KOS  
STREET ADDRESS 10355 PARADISE BLVD #408  
CITY-ST-ZIP TREASURE ISLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 420 64TH AVE #1302

1.4 CITY-ST-ZIP ST. PETE Bch, FLA 33706

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: *K. Kenya*

(NOTE: Registered Agent signature required when reinstating)

2/16/99 727  
367-5280

CR2E034 (11/98)