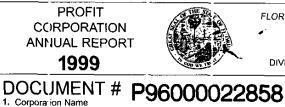
PROFIT CORPORATION ANNUAL REPORT 1999

CORPORATE MEDIA, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90054 029 ***150.00

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Principal Plac	ce of Business	Mailing Address					CONTINUE SER SOLIN RITHE BETTE GOTTE BOLL	86118 IIB	(6 11 68)	ikini s	HIGHER HINTE FIRMA
709 MINORCA AVE 709 MINORCA AVE MIAMI FL 33134-3758 MIAMI FL 33134-3758											
						DO NOT WRITE IN THIS SPACE					
							corporated or Qualifed				
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Nu			77	Ann	ied For
21		26	26			NOT	APPLICABLE				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.7		Iditional
22		27	27			5. Certifo	ate of Status Desired		•	Req	
City & S a	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	untry		8. This co	rporation owes the current yea	r Intan	aible		
24	25	29	30				al Property Tax.		ŬYes	[∃No
	9. Name and Address of Curr	ent Registered Agent				10. Name	and Address of New Registe	red Aç	jent		
	IOTH KADI			81	Name						
	ISEN, KARL			82	Stroot Add	Irace /D O Boy	Number is Not Acceptable)				
	MINORCA AVE		OZ Street Au			dress (P.O. Box Number is Not Acceptable)					
MI.4J	MI FL 33134-3758			83						_	
				84							
				04	City			FL	85 2	Zip C∈	ode
omice or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e or Florida. Such change wa	as authorized	d by t	the corporati	poration submit ion's board of c	s this statement for the purpos irectors. I hereby accept the a	e of ch	anging nent as	its r	egistered stered
SIGNATURE	Signature, typed or printed has he of registered a					ed when reinstating)	DAT				
12.		NE DIRECTORS	13.	rigen	- signature require		NS/CHANGES TO OFFICERS		DIREC	TOE	S IN 12
TITLE	PVST	☐ DELETE		TLE			10/0/1/1024 / 0 0/ / 102/(Chang		Addition
NAME	HANSEN, KARL		1.2 NA	AME						•	_
STREET ADDRE 3S	709 MINORCA AVE				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33134-3758		1.4 CIT								
TITLE	1 2 3 3 3 3 3	DELETE				_		г] Chang	ne .	Addition
NAME		_	2.2 NA					L-		3-	
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CITY-\$T-ZIP				ITY-ST							
TITLE		☐ DELETE	3.1 TIT		-2.1				Chang		Addition
NAME			3.2 NA					_		,-	
STREET ADDRE IS			i i		ADDRESS						
CITY-ST-ZIP				ITY-ST							
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NAME			4 2 N					_	0	30	
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NAME			5.2 NA		1			-	_ =,8	,-	
STREET ADDRE 3S			5.3 ST	REET	ADDRESS						
CITY-ST-ZIP				TY-ST-							1
TITLE		☐ DELETE	6 1 TIT				·		Chang		Addition
NAME			62 NA							,~	
STREET ADDRESS					ADDRESS						
S. ALC. ADDRESS											

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 supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that them an officer or director of the corporation or the receiver or true the supplier signature. Shall have the same legal effect as if made under oath; that the information indicated on this annual report or supplier of the corporation or the receiver or true the supplier of the corporation of the c