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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023784

1. Corporation Name

| BHUADU | CAST NEWS SERVICE, INC | • | | | | | | | | | |
|--|--|--|---------------|--|---|--|-----------|-----------------------------------|----------------|---|----------------------------|
| Daineinet Dien | F D incom | Mailing Addre | | | | = | \dashv | | | iliji 11 886 (118) (886) | |
| Principal Place | | _ | :55 | | | | i | | | | |
| 211 SALMON D PALM BAY FL (| | P.O. BOX 87 GRANT FL 329 | 49 | | | | | | | | |
| US | 02.00 <i>1</i> | US | | | | | - } | DO NO | WRITE IN T | HIS SPACE | |
| | | | | | | | 3. | Date Incorporated or Qu | alifed | | |
| | | | | | | | ┿. | 03/13/1996 FEI Number | _ | | C-4 C |
| 2. Principal Pl | lace of Business | 2a. Mailing Ac | 1dress | 54 | /M | ion di | e 4. | NOT APPLICABLE | 59-3543 | 3596 No | plied For t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt | | | | | \top | Certifcate of Status Desi | red 🔀 | \$8.75 | |
| 22 | | 27 | | | | | | | | Fee Re | quired |
| City & State | ė | City & Sta | | 1. | | ~ , | 6. | Election Campaign Final | ncing | \$5.00 | |
| 23 | | 28 | CAIM | | <u> </u> | FL | | Trust Fund Contribution | | Added t | o Fees |
| Zip | Country | Zip | 27 | co(ii | • | - AAFW | | This corporation owes the | e current yea | r Intangible | 3 6. |
| 24 | 25 | 29 329 | | 30 | 28 | BREW | | Personal Property Tax. | | | ≥ No |
| | 9. Name and Address of Curre | nt Registered Ager | 11 | | 81 | Name | 10. | Name and Address of | New Register | ea Agent | |
| WRIC | GHT, SCOTT ESQ. | | | 1 | • | Mairie | | | | | |
| | E. NASA BLVD. STE 300 | | | | 82 | Street Add | ress (P | P.O. Box Number is Not A | cceptable) | | |
| MELI | BOURNE FL 32901 | | | | 83 | | | | | | |
| | | | | | | | | | | | _ |
| | | | | | 84 | City | | | F | =L 85 Zip (| Sode |
| 11 Pursuant | to the provisions of Sections 607.056 | 02 and 607.1508, FI | orida Statute | es, the at | ove-r | named corp | oration | n submits this statement f | or the purposi | of changing its | registered |
| office or re | egistered agent, or both, in the State | e of Florida. Such ch | ange was at | utnorized | by th | ne corporati | on's bo | pard of directors. I hereby | accept the ap | pointment as re | gistered |
| agent Lai | m temiliar with and accent the oblids | ations of Section of | 17 O5O5 Flor | nda Statu | ites | | | | | | |
| agent. I ai | m familiar with, and accept the obliga | ations of, Section 60 | 17.0505, Flor | rida Statu | ites. | | | | | | į |
| agent. I ai SIGNATURE | m familiar with, and accept the obligation of registered age. | | | | | signature require | ed when f | reinstating) | DATE | | |
| agent. I ai SIGNATURE | Signature, typed or printed name of registered age | | | | | signature require | | reinstating) ADDITIONS/CHANGES T | | AND DIRECTO | |
| agent. I a | Signature, typed or printed name of registered age OFFICERS AI | ent and title if applicable. ND DIRECTORS | | : Registered | Agent si | signature require | | | | | RS IN 12 |
| agent. I all SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. ND DIRECTORS | (NOTE: | : Registered | Agent si | signature require | | | | AND DIRECTO | |
| agent. I all SIGNATURE 12. TITLE | Signature, typed or printed name of registered age OFFICERS AI D BRANDS, DENNIS 211 SALMON DR. | ent and title if applicable. ND DIRECTORS | (NOTE: | 13. 1.1 TIT 1.2 NA | Agent si LE ME | signature require | | | | AND DIRECTO | |
| agent. I as SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered age OFFICERS AI D BRANDS, DENNIS | ent and title if applicable. ND DIRECTORS | (NOTE: | 13. 1.1 TIT 1.2 NA 1.3 STI | Agent si LE ME | DORESS | | | | AND DIRECTO | |
| agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS AI D BRANDS, DENNIS 211 SALMON DR. | ent and title if applicable. ND DIRECTORS | (NOTE: | 13. 1.1 TIT 1.2 NA 1.3 STI | Agent si LE ME REET AI Y-ST-2 | DORESS | | | | AND DIRECTO | |
| agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AI D BRANDS, DENNIS 211 SALMON DR. | ent and title if applicable. ND DIRECTORS | (NOTE: | 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT | Agent si LE ME REET AI Y-ST-Z | DORESS | | | | AND DIRECTO | Addition |
| agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered age OFFICERS AI D BRANDS, DENNIS 211 SALMON DR. | ent and title if applicable. ND DIRECTORS | (NOTE: | 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA | Agent si LE ME REET AI Y-ST-2 LE ME | DORESS | | | | AND DIRECTO | Addition |
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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 an address, with all other like impowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

407-676-2377