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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000027334

1. Corporation Name

N. M. MEDIA OF FLORIDA, INC.

Principal Place of Business

4619 N. HESPERIDES
STE. F
TAMPA FL 33614

Mailing Address

4619 N. HESPERIDES
STE. F
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

59-3368762

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 3028 RED OAK CT

Suite, Apt. #, etc.

22 102

City & State

23 PAIM HARBOR, FL

Zip

24 FL 34684 25 U.S.A.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 SAME

Zip

29 SAME 30 SAME

Country

9. Name and Address of Current Registered Agent

KARYDIS, PETER T
4619 N. HESPERIDES
STE. F
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

PETER TALKY KARYDIS

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

3028 RED OAK CT #102

83

84 City

PAIM HARBOR

FL

85 Zip Code

34684

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

PETER TALKY KARYDIS

Signature, typed or printed name of registered agent and title if applicable

(NOT for Registered Agent signing this form and when reinstating)

4/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME KARYDIS, PETER T
STREET ADDRESS 4619 N. HESPERIDES
CITY-ST-ZIP TAMPA FL 33614

TITLE PD ☐ DELETE
NAME PETER T KARYDIS
STREET ADDRESS 3028 RED OAK CT #102
CITY-ST-ZIP PAIM HARBOR, FL 34684

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
1.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER T. KARYDIS

Date

4/27/97

Daytime Phone #

729-7717685

CR2E034 (11/98)