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

Mailing Address

4200 NE 25TH AVE.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600030568

Principal Place of Business

4200 NE 25TH AVE.

J-2 COMMUNICATIONS, INC.

LIGHTHOUSE FL 33064 LIGHTHOUSE FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0658304 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country ΧNο ☐ Yes 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KESSACK, MATTHEW T Street Address (P.O. Box Number is Not Acceptable) 4200 NE 25TH AVE. LIGHTHOUSE FL 33064 83 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE KESSACK. MATTHEW T 1.2 NAME NAME 4200 NE 25TH AVE. 1.3 STREET ADORESS STREET ADDRESS LIGHTHOUSE FL 33064 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET 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 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

4.4 CITY-ST-ZIF

4 1 TITLE

4. 2 NAME

51 TO F

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

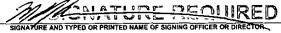
NAME

TITLE

NAME

TITLE

NAME



Change

Change

FILED Mar 16, 1999 8:00 am

Secretary of State

03-16-1999 90002 017 ***158.75

CR2E034 (11/98)

Addition

Addition

☐ Addition