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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034573 (1)

MEDIA HOLDING USA, INC.

FILED Feb 10 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			A FERRE WINDS MISTE FRANK IN THE TWO
500 SE 17TH STREET #228 500 SE 17TH STREET #228					
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316				DO NOT WRITE IN T	HO DDAOE
				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	115 SPACE
				04/17/1996	
2, Principal P	Place of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21 /939	Hollywood Blud.	26 1939 Hully	word Blud	65-0664417	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required
City & Stat		City & State	برسه	6. Election Campaign Financing	\$5.00 May Be
23 /70//	ywood, FC	28 Hollywood	, PC	Trust Fund Contribution	Added to Fees
Zip 24 330	Country	33070 -	Country	8. This corporation owes or has paid the	
24 5.50	9. Name and Address of Current	Pagistared Agent	<u> </u>	Personal Property Tax due June 30. 10. Name and Address of New Register	☐ Yes No
		- It. Name and Address of New Negister	en water		
				DUNION Creagen	
HOLLYWOOD FL 33020			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
l as l				100 O C	
				49 Piene ST.	
			84 City	all wared	L 85 Zip Code 33020
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 fapollar with and account the obliquious of, Section 607.0505, Florida Statutes.					
SIGNATURE DUNGA Crenger 2/4/98					
Signature typical or product have of register septial and title Cappes able (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D STANDEN OTEN T	L_] DELETE	1.1 TITLE		Change Addition
NAME	JENSEN, STEN T 1023 N. SOUTH LAKE DRIVE		1.2 NAME		
STREET ADDRESS	HOLLYWOOD FL 33020		1.3 STREET ADDRESS	·	
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	LAKOCINSKI, MARTIN	C Deceile	21 TITLE		☐ Change ☐ Addition
STREET ADDRESS	233 SE 11TH AVENUE		2.2 NAME		
CITY-ST-ZIP	POMPANO BEACH FL 33060		2 3 STREET ADDRESS		
TITLE	10,0000	DELFTE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME			3.2 NAME		c.m.go repetibit
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	T-9-T-9-T-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		ļ	6 3 STREE1 ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14, Energy of	cerury that the information supplied with	 this tiling does not quality for the 	ne exemption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	certify that the information

sport daility for the exemption stated in Section 119.07(3)(i), Florida Statutes, 1 furner certify that the informatic frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an injuriered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in