

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90241 001 11,906.25

DOCUMENT # P96000035049

1. Corporation Name  
NH MEDIA, INC.

Principal Place of Business  
2295 CORPORATE BLVD., STE. 222  
PO BOX 5010  
BOCA RATON FL 33431

Mailing Address  
2295 CORPORATE BLVD., STE. 222  
PO BOX 5010  
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1996

4. FEI Number  
65-0667916

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVE.  
27TH FLOOR  
MIAMI FL 33131

81 Name Norton Herrick  
82 Street Address (P.O. Box Number is Not Acceptable)  
c/o The Herrick Company, Inc.

83 2295 Corporate Blvd NW Ste 222  
84 City Boca Raton FL 85 Zip Code 33431

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)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST  
NAME HERRICK, NORTON  
STREET ADDRESS 2295 CORPORATE BLVD., #222, PO BOX 5010  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VAS  
NAME HERRICK, HOWARD  
STREET ADDRESS 20 COMMUNITY PLACE, 3RD FLOOR  
CITY-ST-ZIP MORRISTOWN NJ

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VAS  
NAME HERRICK, MICHAEL  
STREET ADDRESS 2295 CORPORATE BLVD NW  
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4-27-99

Date

9735391390

Daytime Phone #

CR2E034 (11/98)

0337978