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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🕣

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600036419 (5)

MODERN MEDIA, INC.

Principal	Place	of	Business			

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



PORT ST LUCIE FL 34984				P.O. BOX B023 PORT ST LUCIE FL 34985-8023					
						3. Date Incorporated or Qualified 04/26/1996	3a. Date of Last	Fleport	
2. Principal Place of Business			2a. Mailing	2a. Mailing Address		4, FEI Number	/- I	Applied For	
21		26	26				Not Applicable		
Suite, Apt. #, etc.		Suite. A	Suite, Apt. #, etc.		5 Certificate of Status Desired 38.75 Additional				
22			27			Fee Required			
City & State			†∵~•¬	City & State		6. Election Campaign Financing \$5.00 May Be			
Zip Country				28 Couples		Trust Fund Contribution			
Zip 24	25	Country	Zip	-	Country 8. This corporation has liability for intangible tax under s. 19 Florida Statutes Yes No			s. 199.032,	
24		d Address of Cu	29 rrent Registered Ag		30]		10. Name and Address of New Registered Agent		
CAF	ROLL, ROBER				81	Name			
	8 SW BILTMOI								
PORT ST LUCIE FL 34984					82 Street Address (P.O. Box Number is Not Acceptable)		ole)		
, 0,					83	 			
					84	City		FL 85 Zip	o Code
11. Pursuant office or ragent. I a	the provisions goistered agent im familiar with,	of Sections 607 , or both, in the S and accept the o	0502 and 607.1508. late of Florida Such bligations of, Section	Florida Statutes change was au 607.0505, Flori	s, the abou thorized b ida Statute	re-named co y the corpores.	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of changing pt the appointment a	its registered is registered
SIGNATURE	Signature, typed or ni	rinted name of recovero	d agent and title if applicable	e /NOII	Floristered Ac	out signature rec	quired when reinstating)	DATE	
46		OCCIOCO	AND DUDE OF ODG		13.		ADDITIONS/CHANGES TO OFFIC		DES IN 12
TITLE	Pries 1	pent 0	thones	DELETE	1.1 TILLE			☐ Change	Addition
NAME	troben	+ CARI	eoll	- 4	1.2 NAME				-
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CITY-ST-ZIP	PORT S	t. Luci	5 FL. 31	4984	1.4 CITY -	\$1 - ZIP			
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NAME					2.2 NAME				
STREET ADDRESS					23 STREE	1 ADDRESS			
CITY-ST-ZIP					2. 4 CITY-	ST-2vP			
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NAME	1				3.2 NAME				
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CITY-ST-ZIP	, <u>-</u> .				3.4. CITY	S1 · ZIP			
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NAME	•				5.2 NAME				
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TITLE				☐ DELETE	6 1 TITLE			Change	Addition
NAME					6.2 NAME				
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP					64 CTY-	S1-7IP	(10.07/07/07		

I do nereby 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.

561-8786839