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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000048481 (1)

## **BLAH MEDIA CORPORATION**

Mailing Address

## FILED Apr 30 1997 8:00am Secretary of State



3231 SW SUNSET TRACE CIRCLE PALM CITY FL 34990		3231 SW SUNSET TRACE CIRCLE PALM CITY FL 34990-8148			3. Date Incorporated or Qualified 3e. Date of Last Report 06/03/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26 }			Not Applicat
Suile, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Z(p)	Country 25	Zip 29	Cour 30	ntry	8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes ☐ Yes ☑ No
	Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent
	ason Sunset trace Circl / Fl 34990	E			et Address (P.O. Box Number is Not Acceptable)
				83	
			<u> </u>	84 City	85 Zip Code
					ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signative	> 5) × d or printed name of registion OFFICERS	d agent and title if applicable	(NOTE Registered	Agent signatu	ture required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETI		LE	
NAME			1.2 NA!	νE	DASON BRODIE
STREET ADDRESS			1.3 STF	REET ADDRESS	
CITY - S1 - ZIP			1.4 CIT	Y-ST-ZIP	PALM LITY FL 34990
THUE		DELETI	2.1 117	.E	☐ Change ☐ Additi
NAME			2 2 NA	ME	
STREET ADDRESS			2:3 STF	ieet address	s į
CITY-ST-ZIP		10000		Y-ST-ZIP	TA: Eller
TITLE		☐ DELETI			Change [ ] Additi
NAME			3.2 NAI		
STREET ADDRESS				REET ADDRESS	
DITY-ST ZIP TITLE		DELET		Y-ST-ZIP	Change Additi
NAME		otto	4. 2 NA		5.5.45
STREET ADDRESS				reet adoress	s
CHY-ST-ZIP				Y-ST-ZIP	
THEF		☐ DELETI			Change Additi
NAME			5 2 NAI	ME	
STREET ADDRESS			5350	REET ADDRESS	ss l
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	
TITLE		☐ DELET	6.1 TiT	LE	Change Additi
NAME			6.2 NAI	ME	-
STREET ADDRESS			6.3 STF	REET ADORESS	ss
CITY+ST-ZIP			6.4 CIT	Y-ST-ZIP	

14. I do 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

April 25"7 St1-281-9780