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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600051062 (3) AIRTIME PROMOTIONS, INC.

Principal Place of Business Mailing Address 8643 FRENCH OAK DRIVE 8643 FRENCH OAK DRIVE ORLANDO FL 32635-2556 ORLANDO FL 32835 3. Date Incorporated or Qualified 3a. Date of Last Report 06/14/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 💹 No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BERKSON, GARY M 1132 SYMONDS AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 City Zio Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registored agent, or both, in the State of Florida. Such change was authorize
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Sta ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Signature, typed or pented name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition HILE 1.1 TITLE HODGES, DOUGLAS W NAME 1.2 NAME 8643 FRENCH OAK DRIVE STHEET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 1.4 CITY-ST-ZIP CITY: ST-ZIP DELETE Change Addition tint 2.1 TITLE HODGES, SHARON L NAME 22 NAME 8643 FRENCH OAK DRIVE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 2. 4 CITY - ST - ZIP CHTY - \$1 - ZIP DELETE Addition Change 7011.5 3.1 TITLE

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 eath; 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 Black 13 if changed, or on an attachment with an address.

32 NAME

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

THUE

NAMI

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STHEET ADDRESS CHY-ST-ZIP

STREET ADDRESS

CHY-ST-ZIP

CITY-\$1-769

4-25

(407)857-2787

Change

Change

Addition

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FILED

May 16 1997 8:00am

Secretary of State