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

Mailing Address

650 TULIP TREE LANE

BOCA RATON FL 33486

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600054487

NEW MEDIA GROUP. INC.

Principal Place of Business

2. Principal Place of Business

650 TULIP TREE LANE

BOCA RATON FL 33486

65-0680479 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #. etc. 5. Certifcate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip □No Personal Property Tax. ☐ Yes 30 (24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TOTURA, GERALDINE E Street Address (P.O. Box Number is Not Acceptable) 82 650 TULIP TREE LANE **BOCA RATON FL 33486** Zip Code City 85 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE TOTURA, GERALDINE E 1.2 NAME NAME **650 TULIP TREE LANE** STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33486** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

STREET ADORESS

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90013 007 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

06/26/1996

4. FEI Number

CR2E034 (11/98)