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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057438

1. Corporation Name

MAGNUM PUBLISHING COMPANY

Principal Place of Business

 1300 PARK OF COMMERCE
 #272
 DELRAY BEACH FL 33445
 US

Mailing Address

 801 NW 37TH AVENUE
 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1996

4. FEI Number

65-0682637

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.

28 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

 WASSERSTROM, KEITH
 3810 41ST AVE
 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

 81 Name Steven REISKIND
 82 Street Address (P.O. Box Number is Not Acceptable)
 1300 Park of Commerce
 83 Suite 1300
 84 City Delray Beach FL 85 Zip Code 33447

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
 NAME DP
 PERLMAN, JEFF
 STREET ADDRESS 801 NW 37TH AVENUE
 CITY-ST-ZIP DELRAY BEACH FL
1.2 NAME ☐ DELETE
 TITLE DST
 NAME REISKIND, STEVEN
 STREET ADDRESS 801 NW 37TH AVENUE
 CITY-ST-ZIP DELRAY BEACH FL
1.3 NAME ☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1.4 NAME ☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1.5 NAME ☐ DELETE
 TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
1.6 NAME ☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1.7 NAME ☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1.8 NAME ☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1.9 NAME ☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(l), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven REISKIND 1/12/99 561-265-1674