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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000063014 (0) DOCUMENT # 1. Corporation Name

TNT ADVERTISING, INC.

Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business 940 LINCOLN RD SUITE 208 940 LINCOLN RD SUITE 208 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0665737 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TRULLENQUE, FRANCIS J 6450 COLLINS AVENUE #806 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 83 84 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-12. 13. Change DELETE 1.1 TITLE VICE PRESIDENT Addition TITLE Armando Carlos Colosimo TRULLENQUE, FRANCIS J 1.2 NAME NAME CR2E034 300 South Pointe Drive, #605 5620 ALTON RD 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY - ST - ZIP F1 33139 1.4 CITY - ST- ZIP Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 8.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-SY-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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)(i), Florida Statutes. I further certify that the information inclicated 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.

5.4 CITY - ST - ZIP

6.1 TIZE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADORESS

NAME

HE REQUIRED

DELETE

604-9004

Change

Addition