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

165.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000072660 (9)

MEDIA SYNERGY SOLUTIONS, INC.

FILED
May 19 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address						† i e di io di io di ale f ara e dial co idi de idi		PARK FOIL ITE
1650 CANTON LANE 1650 CANTO OVIEDO FL 82765 OVIEDO FL			NTON LAME FL 32765-6265					
						3. Date Incorporated or Qualified 08/28/1996	3a. Date of Las	t Report
2. Principal P	Place of Business	2a. Mailing /	2a. Mailing Address 26			4. FEI Number 59-3398690) ⊢	Applied For Not Applicable
Suite, Apt.	#, etc.	— <u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional Required
City & Stat	€	City & St	City & State			6. Election Campaign Financing \$5.00 May Be		
Zip Country		28 Zip				Trust Fund Contribution Added to Fees		
24	25 29 30		on to y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent				T	10. Name and Address of New Registered Agent			
IN	BAÇK, RICHARD G			B1 Na	ame			
1650 CANTON LANE				82 Str	ect Address (P.O. Box Number is Not Acceptable)			
. OVII	EDO FL 32765			83				
				84 Cit	ly		FL 85 Z	ip 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								
		of registered agent and title if applicable			nature required	when reinstating)	DATE	
12.		FICERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE		
TITLE	President			TITLE	Ø		L Chang	je 🔲 Addition
NAME	Kichara G	Linebadk ton Lane		NAME				
STREETEADORESS	1680 600	=L 32765	ľ	STREET ADDR	- 1			
CITY-ST-ZIP TITLE	oviedo, l	/ /	DELETE 21	CITY - S1 - ZIP TITLE			Chang	e Addition
NAME -	Vice Presi	dent + Secretary	* Treasurer 221	VAME	€			e [_] Rodillon [
STREET ADDRESS	Michael S	s. Boyce,	"COUREA "	STREET ADDR	cec			
-CITY-ST-ZIP	226 Quinc	e court 221	7 N 😙	CITY-S1-21P				
TITLE	-Orange-F	ark, pr		TITLE			Chang	e Addition
NAME	,		3.2	NAME				
STREET ADDRESS				STREET ADOR	FSS			i
CITY-ST-ZIP			3.4.	CITY-ST-ZIP	,			
TITLE	······································		*	TITLE			☐ Chang	e Addition
NAME .			4.2	NAME	Ì			
STREET ADDRESS			4.3.5	STREET ADDR	ESS			
CITY-ST-ZIP			4.41	CITY-ST-ZIP				
TITLE				[I] LE			☐ Chang	e Addition
NAME			5.21	NAME				
STREET ADDRESS			533	STREET ADDR	ESS			
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			DELETE 6.1	IπLE			Chang	e Addition
NAME			6.21	NAME				
STREET ADDRESS			6.3 5	STREET ADDR	ESS			
CITY-ST-ZIP			641	TY-ST-ZIP				

1. 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 trusted 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.

SIGNATURE.

COMMUNICIPAL CORP. 12

4-22-97 (407) 359-0100