

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90152 036 ***150.00

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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 # P96000093513

1. Corporation Name
ON SITE MEDIA CORP.



Principal Place of Business 139 SUNRISE AVENUE PALM BEACH FL 33480	Mailing Address 139 SUNRISE AVENUE PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 211 EAST 51ST ST Suite, Apt. #, etc. 22 4B City & State 23 NEW YORK NY Zip 24 10022 Country 25 USA		2a. Mailing Address 26 211 EAST 51ST ST Suite, Apt. #, etc. 27 4B City & State 28 NEW YORK NY Zip 29 10022 Country 30 USA		3. Date Incorporated or Qualified 11/14/1996	
		4. FEI Number 65-0741098		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**RICHMAN, CHESTER MR.
139 SUNRISE AVENUE
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1 NORTH BREAKERS ROW #441
83	
84 City	PALM BEACH
85 Zip Code	FL 33480

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 re/instating)

CHESTER RICHMAN

DATE

5/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	P RICHMAN, CHESTER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	139 SUNRISE AVENUE	1.3 STREET ADDRESS	
	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	VP LANGER, STANLEY E	2.1 TITLE	2.2 NAME
	870 UNITED NATIONS PLACE	2.3 STREET ADDRESS	
	NEW YORK NY 10017	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	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)(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 Block 12 or Block 13 if changed, or on 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 #

4-23-99

212 593-4900

CR2E034 (11/98)