Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90080 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600096127

	MEDIA PRODUCTIONS, INC	•			
Data da al Disa	- 5 D	Mailing Address			TIO TEND ONOT THE ONOT HOP TOOK TOOK
333 UNIVERSITY DRIVE 333 UNIVERSITY DRIVE SUITE 207 SUITE 207					•
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 11/25/1996	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	acc of Business	26		65-0710189	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	•	27 241		5. Certificate of Status Desired	Fee Required
City & State	Э	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u>-</u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	<u>o</u>]	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
POC.	OVI DIEGO		81 Name	·	
	ovi, diego University drive		82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	E 207				···
	AL GABLES FL 33134		83	•	* 1
COR	AL GABLES FL 33134		84 City		85 Zip Code
			11 - 1		of changing its registered
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida Statutes pf Florida. Such change was auth	, the above-named cor norized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the applications are supposed to the submit of the purpose ion's board of directors.	pointment as registered
agent. I a	n familiar with, and accept the obliga	tions of, Section 607.0506, Florid	a Statutes.	/ /	1: 1-0
SIGNATURE/	// h. T// # (/)		// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(1921 to FACE)	2/11/09
SIGNATURE/	/ frem . ~	nun Towa	- /LIZE/PE V	· ORV MA TOCOVI	3/11/99
0	Signature, pod or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) DATE	3/11/7
12.	OFFICERS AN	nun Towa	- /LIZE/PE V	· ORV MA TOCOVI	3/11/7
12. TITLE	PD OFFICERS AN	nt and title if applicable. (NOTE: RIND DIRECTORS	egistered Agent signature required 13.	red when reinstating) DATE	AND DIRECTORS IN 12
12. TITLE NAME	PD POCOVI, DIEGO	nt and title if applicable. (NOTE: R. ND DIRECTORS	egistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	PD POCOVI, DIEGO 333 UNIVERSITY DRIVE, SUITE	nt and title if applicable. (NOTE: R. ND DIRECTORS	egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POCOVI, DIEGO 333 UNIVERSITY DRIVE, SUITE CORAL GABLES FL 33134	nt and title if applicable. (NOTE: R. ND DIRECTORS	egistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD POCOVI, DIEGO 333 UNIVERSITY DRIVE, SUITE CORAL GABLES FL 33134 VD	nt and title if applicable. (NOTE: R) ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD POCOVI, DIEGO 333 UNIVERSITY DRIVE, SUITE CORAL GABLES FL 33134 VD LIZETTE, GRUMA P	nt and title if applicable. (NOTE: R) ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
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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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: A

NAME

CITY-ST-ZIP