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

FILED
Jul 31 1998 8:00am
Secretary of State

, PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103399 (7)

1. Corporation Name

HELLO MY NAME IS MONICA HALPERT, INC.

Principal Place of Business / Mailing Address

4201 COLLINS AVE
SUITE 1503
MIAMI BEACH, FLA. 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/24/96 — 4/15/97

2. Principal Place of Business — 2a. Mailing Address

4. FEI Number 65-072-2145 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State / Zip / Country

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHARLES HOFFL
201 HOLIDAY RD.
DESTIN, FL. 32541

10. Name and Address of New Registered Agent

81 Name M. COHEN (PH)
82 Street Address (P.O. Box Number is Not Acceptable) C/O CISNEROS TELEVISION GROUP
83 404 Washington Ave.
84 City MIAMI BEACH FL 85 33139

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 M. Cohen — 4/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD & DIR.	☐ DELETE
NAME	HALPERT, MONICA (1523)	
STREET ADDRESS	4201 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, FLA. 33140	
TITLE	SEC'Y & DIR.	☐ DELETE
NAME	COHEN, M.	
STREET ADDRESS	4201 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
5.1 TITLE	700002604334 -07/31/98--01071--038 ***150.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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CR2E034 (10/97)

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.

SIGNATURE: Monica Halpert — 4/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE