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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000104345 (9)

BROADCAST ACCOUNTING SOLUTIONS, INC.

## **FILED** Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				) todicedt idk imite ditti abiti abiti abiti abiti	DIA AMBAN MIMAM DIYAN MEMBI MIRE AMBI	
B198 FAIRWAY TRL. BOCA RATON FL 33487  BOCA RATON FL 33487					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					12/24/1996	
<del></del>	2. Principal Place of Business 2a. Mailing Address		· ·		4, FEI Number	Applied For
21 26					65-0718723	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.	27		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<b>}</b> ── '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Countr	<del>y</del>	This corporation owes or has paid the current year Intangible	
24			30	Personal Property Tax due June 30. Yes No		
<b></b>	9. Name and Address of Cu	rrent Registered Agent		· · ·	10. Name and Address of New Regist	ered Agent
ALLISON, DONALD M			81	Name		
STE. 300, 1515 S. FEDERAL HWY.		Ν.	82 Street Ac		ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33432			83			
			63			
			84	1		FL 85 Zip Code
11. Pursuani	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the abov	e-named corp	poration submits this statement for the purpo	ose of changing its registered
agent 1	am familiar with, and accept the ol	bligations of, Section 607.0505, F	lorida Statute	y ine corporati s.	ion's board of directors. I hereby accept the	e appoiniment as registered
SIGNATURE						
<u> </u>	Signature, typed or printed name of registered			ent signature require		ATE
12.	T	AND DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12  Change Addition
NAME	DP MURPHY, LINDA L	E been	1.1 TITLE			Change C Roundin
	STREET ADDRESS 8198 FAIRWAY TRL.		1.2 NAME	* * * * * * * * * * * * * * * * * * *		
	BOCA RATON FL		1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY-5 2 1 TITLE	31 - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	ALLISON, DONALD M.		2.2 NAME	]		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP BOCA RATON FL			2 4 CITY-	1		
TITLE	DELETE			D, CH		Change Addition
NAME			3.2 NAME			
STREET ADDRESS	] .			T ADDRESS		
CITY-ST-ZIP	1		3.4. CITY-			
TITLE	☐ DELETE		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 \$1REE1	T ADDRESS		
CITY-ST-ZIP	1		4.4 CITY - 9	ST - 29P		
TITLE		DELETE	5.1 TITLE	•		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	T ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST- ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - 9	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