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 # P9700001344

1. Corporation Name

X-MEDIA PRODUCTIONS, INC.

						1		
Principal Place of Business Mailing Address					ı			
5006 GRADY AVE N 5006 GRADY AVE N								
TAMPA FL 33614 TAMPA FL 33614			,			DO NOT WRITE IN THIS SPACE		
-						3. Date Incorporated or Qualifed		
						12/31/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
						59-3431797		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						Additional
22 Suite, Apr. 4	#, etc.	27				5. Certificate of Status Desired	Fee R	equired
City & State	e	City & State				6. Election Campaign Financing	•	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	Z¥es	□No
	9. Name and Address of Cur	rent Registered Agent		· · ·		10. Name and Address of New Registered	Agent	——-
A 17/1\	A DOCEDT		81	Name	;			J
AKINS, ROBERT				Stree	t Addres	ss (P.O. Box Number is Not Acceptable)		
5006 GRADY AVE N								
TAMPA FL 33614			83	3				
			84	City		F	85 Zip	Code
		7500 L007 4500 5) 11 State		<u> </u>	d 20500	ration submits this statement for the purpose of	<u>⊨ </u>	s registered
office or re	egistered agent, or both, in the Sta	0502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flor	utnonzea by	the cor	poration	ration submits this statement for the purpose of second of directors. I hereby accept the appr	ointment as n	egistered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE		nt signature	required (when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELÉTÉ	1.1 TITLE				Change	☐ Addition
NAME	akins, robert		1.2 NAME			•		
STREET ADDRESS	5006 GRADY AVE N		1.3 STREE	T ADDRES	s			1
CITY-ST-ZIP	TAMPA FL 33614 14.0			T-ZIP				
TITLE	☐ DELETE 2.1 TI						Change	☐ Addition
NAME			2.2 NAME					}
STREET ADDRESS			2.3 STREE	T ADDRES	s			
CITY-ST-ZIP	2.40		2. 4 CITY-1	ST-ZIP				
TITLE	☐ DELETE 3.1 T		3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					ļ
STREET ADDRESS			3.3 STREE	T ADDRES	s			
CITY-ST-ZIP			3.4. CITY- 5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRES	s		•	-
			4.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		1		☐ Change	☐ Addition
NAME			5.2 NAME			•		
NAME STREET ADDRESS			5.3 STREE	TADORES	s			
STREET ADDRESS!			0.00.11		- 1			

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 affactment with an address, with all other like empowered.

☐ DELETE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90071 038 ***150.00