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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700002169

1. Corporation Name

BUZZ, INC. Principal Pace of Business Mailing Address 5520 GEORGIA AVE 780 LAGOON DRIVE N. PALM BEACH FL 33408 W PALM BCH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/09/1997 4. FEI Number Apr lied For 2. Principal Place of Business 2a. Mailing Address 65-0735847 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year intangible Zic Couritry 30 Persor at Property Tax. 29 25 24 10. Name and Address of New Registers d Agent 9. Name and Address of Current Registered Agent BUSBEY, JAMES Street Acdress (P.O. Box Number is Not Acceptable) 82 780 LAGOON DRIVE N. PALM BEACH FL 33408 83 84 City Zip Code FI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 (NOT 5: Registered Agent signature regulired with Signature, typed or printed na ne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF:S IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition TITLE □ DELETE 1.1 TITLE BUSBEY, JAMES 1.2 NAME NAME 780 LAGOON DRIVE 1.3 STREET ADDRESS STREET ADDRESS N. PALM BEACH FL 33408 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE **BUSBEY, DONNA** 22 NAME NAME 780 LAGOON DRIVE 2.3 STREET ADDRESS STREET ADDRESS N. PALM BEACH FL 33408 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP OELETE ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE Change TITLE 6.2 NAME

14. I hereb / 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #