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

CITY-ST-ZIP

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FILED PROFIT Feb 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P97000009862 (8) -GENESIS MEDIA SERVICES, INC. 1 Same NO CHANGE Principal Place of Business Mailing Address 7<del>001-CEMINOLE MA</del>LL S<del>EMINOLE FL 33</del>772 7901 SEMINOLE MALL SEMINOLE FL 22742 6860 GULFFURT BLUD #179 DO NOT WRITE IN THIS SPACE 6860 GULFFORT SWO SOUTH PASA JENA. 3. Date Incorporated or Qualified South PASAdENA, F 33707 01/27/1997 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 6860 GULFART BLUD 6860 GULFART 59-3438764 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired #179 #179 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be PASADENA PLA SOUTH PASADENA South 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible ANELLAS 29 Anellos 3370 7 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CARELLI, DAN 7901 SEMINOLE MALL 62 SEMINOLE FL 33772-83 84 3°707 PASPANA 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. elle **SIGNATURE** ionalure, typed or contud name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition PAESIDENT SUSAN CARELI CAREU, DAN NAME 1.2 NAME 6866 GUIFPONT BLUE # 179 7994 11TH AVE S. STREET ADDRESS 1.3 STREET ADDRESS SOUTH PIGSADENA **ST PETERSBURG FL 33707** 33707 CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change TITLE \_\_\_ Addition 21 TITLE BINDER, MARTIN NAME 2.2 NAME 14755 FEATHER COVE LANE STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ TITLE 4.1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-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 of supplimental 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 copyoration 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.

2/11/58