May 10, 1999 8:00 am Secretary of State

05-10-1999 90088 048 ***150.00

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

 Corporation 	MMUNICATIONS MANAGEN			
Principal Place	of Business	Mailing Address		
2455 HOLLYWOOD BLVD HOLLYWOOD FL 33020		2455 HOLLYWOOD BLVD HOLLYWOOD FL 33020		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 01/31/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		59-4019899 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired See Required Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country	Zip 29 3	Country	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Currer		1	10. Name and Address of New Registered Agent
2700 MIAN	MINELLO, LOUIS J ESQ. S.W. 37TH AVE. If FL 33133 to the provisions of Sections 677.050 egistered about of both, in the State of familiar with, and accept the obligations.	Steve Smo	83 84 City the above-named lorized by the corp a Statutes.	Address (P.O. Box Number is Not Acceptable) 2755 Hollywood FL 85 Zip Code 33020 I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
12.	Signature Typed of printed name of registered age	nt and title if applicable. (NOTE: Re ND DIRECTORS	13.	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVD	☐ DELETE	1.1 TITLE	Change Addition
NAME	SMOKE, STEVEN C		1.2 NAME	
STREET ADDRESS	2455 HOLLYWOOD BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	•	1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	Change Addition
NAME	TERMINELLO, LOUIS J		2.2 NAME	
STREET ADDRESS	2455 HOLLYWOOD BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CITY-ST-ZIP	
TITLE	-	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
MLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition

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 frue 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 of the receiver or distance impowered 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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: と

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

Addition