


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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000025918 (8)

1. Corporation Name
GOLD COAST MEDIA, INC.

Principal Place of Business C/O GREGG S. TRUXTON-ESQ. 2121 PONCE DE LEON BLVD. SUITE 1006 CORAL GABLES FL 33134	Mailing Address C/O GREGG S. TRUXTON-ESQ. 2121 PONCE DE LEON BLVD. SUITE 1006 CORAL GABLES FL 33134
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3050 Biscayne Blvd. Suite, Apt. #, etc. 22 Suite 700 City & State 23 Miami, Florida Zip 24		2a. Mailing Address 25 3050 Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 700 City & State 28 Miami, Florida Zip 29		3. Date Incorporated or Qualified 03/21/1997	
26		26		4. FEI Number 65-0774126	
26		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		26		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TRUXTON, GREGG S ESQ.
2121 PONCE DE LEON BLVD.
SUITE 1006
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Suite 600	
84 City	FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kornblum, Jeffrey	1.2 NAME	
STREET ADDRESS	3050 Biscayne Blvd., Suite 700	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33137	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burstyn, Samuel I.	2.2 NAME	
STREET ADDRESS	3050 Biscayne Blvd., Suite 700	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33134	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or supplementary 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, upon an attachment with an address.

SIGNATURE:

Jeffrey Kornblum

(305) 573-2900

CR2E034 (10/97)