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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P97000039212 (0)

MEDIAEDGE COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



6353 HARBO		6353 HARBOR BEND			
MARGATE I	FL 33063	MARGATE FL 33063		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
				04/30/1997	
	lace of Business	2s. Mailing Address		4. FEI Number	Applied For
21 7640	W. PALMETTO PARKRI	126 7040 W. Pr	HMETO MAR	k 1065-0757285	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	<u>= . /3/</u>	27 STE . /3/		o. commodia or signad seemed	Fee Required
City & State		City & State	<i>~</i> .	6. Election Campaign Financing	\$5.00 May Be
	A RATION, FL.	28 BOCA RATON		Trust Fund Contribution	Added to Fees
Zip マノノ・	Country	Zip	Country	8. This corporation owes or has paid the o	
24 334.		29 33433 30	US.A	Personal Property Tax due June 30.	Yes V No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
AULEN, BARRY ADLET					
				dress (P.O. Box Number is Not Acceptable)	20
MARGATE FL 33063				W. PALMETTO PARK	RO.
B3 Suit 131					
			84 City 4	A	85 Zip Code
			150	OCA RATON F	L 33433
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	13.1		15.1	3 Juired when reinstaling) DATE	- 98
	Signature, typed or printed name of registered agent		logislered Agent signature rec	·	
12.	OFFIGERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AI	
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ADLER, BARRY		1.2 NAME		
STREET ADDRESS	6353 HARBOR BEND		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063	December	1.4 CITY-ST-ZIP		
TITLE	VPTD	∐ DELETE	2.1 TITLE		Change Addition
NAME	SHTEIF, DAVID		2.2 NAME		
STREET ADDRESS	22352 CALIBRE COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433	T DELETE	2. 4 CITY - ST - ZIP		
TITLE		L_ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP		- Oriese	3 4. CITY-ST-ZIP		
TITLE		☐ DEL et e	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		l
CITY-ST-ZIP		The second	4.4 CITY-ST-ZIP		
TITLE		[] DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		——————————————————————————————————————
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP	r		6.4 CITY - ST - ZIP		
14, I hereby o	certity that the information supplied with on this annual report or supplemental a	ithis tiling does not qualify for that annual report is true and accura	he exemption stated i ate and that my siona	in Section 119.07(3)(i), Florida Statutes. I further iture shall have the same legal effect as if made i	certity that the information under oath; that I am an
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 eath; 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.					