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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049075 (9)

SPARK MEDIA, INC.

Principal Place of Business

Mailing Address

FILED Jun 30 1998 8:00am Secretary of State



FINICIPAL FIACO	Oripusiness	Mailing Addition					
825 EGRET CIRCLE SUITE A110 DELRAY BEACH FL 3344		825 EGRET CIRCLE SUITE A110 DELRAY BEACH FL 33444			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					06/04/1997		
2. Principal Pla	ace of Business	2a. Mailing Address	edural H	hin	4. FEI Number	Applied Fo	
21 5 50	KIFEDERAL H		courai ii	~ /	65-076323	Not Applic	
Suite, Apt. 1	28	Suite, Apt. #, etc. 220			5. Certificate of Status Desired	\$8.75 Additional Fee Required	al
Sity & State City & State BOCA RATON FL 28 BOCA RU			iton		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33 47	87 25 PHUM BCH	²¹ 33487	Coupyy 30 Talm	Beach	 This corporation owes or has paid the Personal Property Tax due June 30. 	ne current year intangible Yes 🔣 No	
	9. Name and Address of Current	10. Name and Address of New Registe	ered Agent				
AMERILAWYER CHARTERED 81 Name							-
343 ALMERIA AVENUE			90 Ctr		o (D.O. Boy Number is Not Apportable)		
CORAL GABLES FL 33134			62 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		
COF	HAL CIADLES FL 33134		63				
	•						
	÷		84 City	У		El 85 Zip Code	
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, typied or printed name of registered agen OFFICERS AND		Registered Agent sign	behiuper enuted	ADDITIONS/CHANGES TO OFFICERS	PATE	
12.	PSTD	DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS	Change Ad	
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CITY-ST-ZIP			6.4 CITY-ST-ZIP			, ,	<u>}</u>
14. I hereby co	ertify that the information supplied wit	h this filing does not qualify for	the exemption s	tated in Se	ection 119.07(3)(i), Florida Statutes. I furth	ner certify that the informa	ition
indicated of officer or d Block 12 o	on mis annual report or supplemental director of the corporation or the recei or Blo ck 13 if changed, or of tribation	annual report is true and accur ver or trustee empowered to ex precit with any address.	raie and that my kecute this repor	signature Las require	shall have the same legal effect as if maded by Chapter 607, Fiorida Statutes; and	that my name appears in	່ ໝ