

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90009 006 ***550.00

DOCUMENT # P97000054216

1. Corporation Name
RAINTREE MEDIA INC.



Principal Place of Business
**2916 PONCE DE LEON
STE B
CORAL GABLES FL 33134
US**

Mailing Address
**2916 PONCE DE LEON
STE B
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 238 PALERMO AVE

2a. Mailing Address
26 238 PALERMO AVE

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 CORAL GABLES FL

City & State
28 CORAL GABLES FL

Zip
24 FL 33134

Country
25 US

Zip
29 33134

Country
30 US

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number
65-0768644

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEARY, DALE E
7020 SW 64TH COURT
STE B
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name DALE LEARY

82 Street Address (P.O. Box Number is Not Acceptable)

83 1111 BRICKELL BAY DRIVE APT#3302

84 City MIAMI FL 85 Zip Code 33131

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VPT	HALL, MICHAEL J	14520 MAHOGANY COURT	MIAMI LAKES FL 33183	<input type="checkbox"/>
PS	LEARY, DALE E	7020 SW 64TH CT	S MIAMI FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VPT	HALL, MICHAEL J.	307 COMMODORE TERRACE	EDGEWATER, NJ 07020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PS	LEARY, DALE E	1111 BRICKELL BAY DR	APT#3302 MIAMI FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-99 305.476.8004

Date

Daytime Phone #

CR2E034 (5/99)