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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # P9700062536

1. Corporation Name

MEDIACTIVE COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

Katherine Harris Secretary of State

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90271 023 ***150.00

343 NW 42ND AVE NEW ADDRESS	-545:NW-42ND-A VE	ew ADDRESS	
MIAMI FL 33126	MIAMI FL 33126		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed
`.			07/18/1997
2. Principal Place of Business	2a. Mailing Address		A FEI Number Applied For
21 5005 COLLINS AVE.	26 5005 CO	LLINS AVE.	65-0770218 Not Applicable
Cuite Ant III non	Suite, Apt. #, etc.		_ \$8.75 Additional
22 Suite #605	Suite #	605	5. Certifcate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 MIAMI BEACH, FL	28 MIAMIB	EACH, FL.	Trust Fund Contribution Added to Fees
Zip Country	Zin	Country	8. This corporation owes the current year Intangible
24 33 140 25 USA	29 33140 F	30 USA	Personal Property Tax.
9. Name and Address of Curren			10. Name and Address of New Registered Agent
227 3 27 23	<u></u>	81 Name A	LVAREZ, ROSENDO A.
ALVAREZ, ROSENDO A		82 Street Addre	oor (P.O. Box Number is Not Acceptable)
545 NW 42ND AVE		500	ess (P.O. Box Number is Not Acceptable) 5 COLUNS AVE.
MIAMI FL 33126		83 S U	
·		\ 	
		1 1 1	4MI BEACH FL 85 33140
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Flori-	da Statutes.	
SIGNATURE Signature, typed or printed name of registered ager	(AIOTE)	Registered Agent signature required	t when reinstating) DATE
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE	NewADDRess GChange □ Addition
NAME ALVAREZ, ROSENDO A		1.2 NAME	THE WADDREDSKITE
			<u> </u>
STREET ADDRESS AND ADMIT ATTE	4		5005 COLLING AVE #605
STREET ADDRESS 545 NW 42ND AVE	ew ADD		5005 COLLING AVE #605 MIAMIBEACH-FI 33140
CITY-ST-ZIP MIAMI FL 33126-	DELETE		5005 COLLING AVE#605 MIAMIBEACH-FI 33140 NEW ADDRES ®Change □ Addition
CITY-ST-ZIP MIAMI FL 33126-	DELETE	A CITY-ST-ZIP	MIAMIOSEACH - FI 33/90 NEW ADDRESS (Change □ Addition
CITY-ST-ZIP MIAMI FL 33126-	DELETE	A CITY-ST-ZIP ZTTITLE 22 NAME	MIAMIOSCACH - FI 33/90 NEW ADDROG THE Addition FORE COLLING AUR # 605
CITY-ST-ZIP MIAMI FL-33126- TITLE VD NAME ALVAREZ, FRANCISCO A STREET ADDRESS -545-NW 42ND AVE	DELETE	A CITY-ST-ZIP ZTTITLE 22 NAME	MIAMIOSCACH - FI 33/90 NEW ADDROG THE Addition FORE COLLING AUR # 605
CITY-ST-ZIP MIAMI FL-33126 VD NAME ALVAREZ, FRANCISCO A STREET ADDRESS CITY-ST-ZIP MIAMI FL-33126	DELETE	A CITY-ST-ZIP ZTTITLE 22 NAME	MIAMIOSCACH - FI 33/90 NEW ADDROG THE Addition FORE COLLING AUR # 605
TITLE VD NAME ALVAREZ, FRANCISCO A STREET ADDRESS CITY-ST-ZIP TITLE TSD NAME ALVAREZ, FRANCISCO A -545-NW 42ND AVE MIAMI-FL-39126 TITLE TSD	DELETE DELETE	A CITY-ST-ZIP ZTTITLE 22 NAME	MIAMIOSCACH - FI 33/90 NEW ADDROG WChange Addition 5005 COLLINS AVE #605 MIAMI BLACH - FI 33140 NEW ADDROG WChange Addition
CITY-ST-ZIP TITLE VD ALVAREZ, FRANCISCO A STREET ADDRESS CITY-ST-ZIP TITLE TSD NAME ALVAREZ, AIDA N	DELETE WADDRESS	2 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	MIAMIOSLACH - FI 33/90 NEW ADDROG PChange Addition 5005 COLLINS AVE #605 MIAMI BEACH - FI 33/90 NEW ADDRES PChange Addition 5005 COLLINS AVE SUITE #605
CITY-ST-ZIP MIAMI FL. 33126 TITLE VD NAME ALVAREZ, FRANCISCO A STREET ADDRESS CITY-ST-ZIP MIAMI FL. 33126 TITLE TSD NAME ALVAREZ, AIDA N STREET ADDRESS S15 NW 42ND AVE	DELETE DELETE	2 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	MIAMIOSLACH - FI 33/90 NEW ADDROG PChange Addition 5005 COLLINS AVE #605 MIAMI BEACH - FI 33/90 NEW ADDRES PChange Addition 5005 COLLINS AVE SUITE #605
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CITY-ST-ZIP MIAMI FL. 33-126 TITLE VD NAME ALVAREZ, FRANCISCO A STREET ADDRESS CITY-ST-ZIP MIAMI FL. 39-126 TITLE TSD ALVAREZ, AIDA N STREET ADDRESS CITY-ST-ZIP MIAMI FL. 33-126 TITLE TSD ALVAREZ, AIDA N STREET ADDRESS CITY-ST-ZIP MIAMI FL. 33-126 TITLE MIAMI FL. 33-126	DELETE WADDRESS DELETE WADDRESS	A CITY-ST-ZIP ZTTITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS A CITY ST-ZIP	MIAMIOSLACH - FI 33/90 NEW ADDROG CHANGE Addition 5005 COLLINS AVE #605 MIAMI FOLACH - FI 33/90 NEW ADDROG Change Addition 5005 COLLINS AVE SUITE #605 MIAMIBLACH - FI 33/90
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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 chapted, or an antachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR