


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

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

04-23-1999 90271 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000062536

1. Corporation Name
MEDIACTIVE COMMUNICATIONS, INC.

Principal Place of Business 545 NW 42ND AVE MIAMI FL 33126 <i>new address</i>	Mailing Address 545 NW 42ND AVE MIAMI FL 33126 <i>new address</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5005 COLLINS AVE. Suite, Apt. #, etc. 22 Suite #605 City & State 23 MIAMI BEACH, FL Zip 24 33140 Country 25 USA	2a. Mailing Address 26 5005 COLLINS AVE. Suite, Apt. #, etc. 27 Suite #605 City & State 28 MIAMI BEACH, FL Zip 29 33140 Country 30 USA	3. Date Incorporated or Qualified 07/18/1997	4. FEI Number 65-0770218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent ALVAREZ, ROSENDO A. 545 NW 42ND AVE MIAMI FL 33126	10. Name and Address of New Registered Agent 81 Name ALVAREZ, ROSENDO A. 82 Street Address (P.O. Box Number is Not Acceptable) 5005 COLLINS AVE. 83 Suite #605 84 City MIAMI BEACH FL 85 Zip Code 33140
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE ALVAREZ, ROSENDO A 545 NW 42ND AVE <i>new ADD</i> MIAMI FL 33126	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>new address</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>suite</i> 5005 COLLINS AVE #605 MIAMI BEACH - FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> DELETE ALVAREZ, FRANCISCO A <i>new ADDRESS</i> 545 NW 42ND AVE MIAMI FL 33126	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<i>new address</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5005 COLLINS Ave #605 MIAMI BEACH - FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <input type="checkbox"/> DELETE ALVAREZ, AIDA N <i>new ADDRESS</i> 545 NW 42ND AVE MIAMI FL 33126	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<i>new address</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5005 COLLINS Ave suite #605 MIAMI BEACH - FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Date **2-20-99** Daytime Phone # **305-644-0065**

CR2E034 (11/98)