Amended \$61.25

	PROFIT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham				FILED	
ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS				98 NOV -2 AM 10: 26	
DOCUMENT # 297000063582 (5)						7,	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
B&B Media, Inc.							•	
Principal Place of Business Mailing Address								
Pembrol	ines Blv ke Pines	d., #274 s, Fl. 33024	8362 Pines Blvd., #274 Pembroke Pines, Fl. 33024			4	DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 07/22/1997	
2. Principal F	Place of Busine	ess	2a. Mailing Address				4. FEI Number Applied For	
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22 City & Stat	te		27 City & State				Fee Required 6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip 24	1	Country 25	Zip	30 Cou	ntry	ļ	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name	and Address of Current	Registered Agent		81 Name		10. Name and Address of New Registered Agent	
Black John I								
8362 Pines Blvd., #274						Addres	s (P.O. Box Number is Not Acceptable)	
Pembroke Pines, Fl. 33024								
84 City 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 typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	Signature types t	OFFICERS AND	DIRECTORS	13.	Agent signature	o required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1					, DS 💹 Change 🗆 Addition		
NAME STREET ADDRESS.	ORESS						ack, John L. 1 SW 93 Avenue	
CITY-ST-ZIP			1 1			mbroke Dines ET 33035		
TITLE		f		2.1 (1)			☐ Change ☐ Addition	
NAME				2.2 NAME 2.3 STREET ADDRESS		6000026846463)		
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS			-11/10/9801071009	
TITLE	71-21		DELETE			 	Change Addition	
NAME			3 2 NAM					
STREET ADDRESS	1				reet address Ty-St-Zip	Ì		
TITLE			DELETE	4.1 Ti		 	☐ Change ☐ Addibon	
NAME	1			4. 2 N	AME)		
STREET ADDRESS]				REET ADDRESS			
CITY-ST-ZIP TITLE	 		DELETE	4,4 CI	Y-ST-ZIP		☐ Change ☐ Addition	
NAME	1			5 2 NA		}	C Stange D Tourism	
STREET ADDRESS				5351	REET ADDRESS			
GITY+ST-ZIP	<u> </u>		- I of the		Y-ST-ZIP	Ĺ		
TITLE NAME	{		- 1	6 1 TITLE 62 NAME		Change Addition		
STREET ADDRESS	1				REET ADDRESS			
CITY - ST - ZIP	<u> </u>			6 4 CI	Y-ST-ZIP	<u></u>		
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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an other 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 an attachment with an address.								
SIGNATURE: John L. Black 10-29-98 954-444-0892 SIGNATURE: Date Date Cayline Proce V								
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