Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90222 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700065870

DALTON	MEDIA CORPORATION									
Principal Place	e of Business	Mailing Address				┤ '"	1811881 119 1811 1891 8911 1	10(1) 0 6)) 013(0	B((#F #11#1 1#1	HI INDER DUR HENT
5513 RUBY PLACE SARASOTA FL 34231 SARASOTA FL 34231							DO NOT WE	RITE IN THIS	SPACE	
						1	corporated or Qualifed			
						07/28				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Nur				Applied For
21						59-34	<u>62337 </u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifca	te of Status Desired			Additional Required
City & E tate	e	City & State				6. Electic n Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	ntrv		 	poration owes the cu	rrent vear int		
 ,		29 30		· · · · · · · ·		Personal Property Tax.			☐Yes ☑No	
24	9. Name and Adcress of Curren		1201	Ī			and Address of New	Registered	Agent	
	3. Inding the Ade 020 or out of			81	Name					
	G, MICHAEL B RUBY PLACE		82 Street Addr			ess (P.O. Bo):	Number is Not Accep	table)		
SAR			83			<u> </u>	·			
				84	City	<u> </u>		FL	85 Zij	p Code
agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed he he of registered ager	and title if applicable. (NO	E: Registered			d when reinstating)	_	DATE		
12.		DIRECTORS	13.			ADDITIC	NS/CHANGES TO O	FFICERS AN	Change	
TITLE	•			1.1 TITLE					change	- Industry
NAME	LANG, MICHAEL			1.2 NAME						ļ
STREET ADDRESS	5513 RUBY PLACE		1.3 STREET ADDRESS						}	
CITY-ST-ZIP	ARASOTA FL 34231		_	1.4 CITY-ST-ZIP					☐ Change	e Addition
TITLE	D FILL COLUDY FEMOLE!	_		2.1 TITLE 2.2 NAME					oag.	
NAME	PILLSBURY, FENDELL		2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	5513 RUBY PLACE SARASOTA FL 34231		- 6	TY-S						į
CITY-ST-ZIP TITLE	SARASOTA FL 34231	□ DELETE			1-21	 -			Change	e 🔲 Addition
NAME			3.2 N/							
STREET ADDRESS					ADDRESS					1
CITY-ST-ZIP	3.		3.4. C	3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TI						Chang	e 🗌 Addition
NAME			4. 2 NAM							i
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-ST	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE						Chang	e 🗌 Addition
NAME i			5.2 N/							
STREET ADDRESS			. I		ADDRESS					Ì
CITY-ST-ZIP				TY-ST	r-ZiP					n Addition
TITLE		☐ DELETE	6.1 TI						Chang	e Addition
NAME			6.2 N	AME						

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Lan

4/-10-99

941-924-6016