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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000071876 (1)

VISUAL MEDIA COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

FILED May 19 1998 8:00am Secretary of State



5916 IDLE FOREST PLACE PO BOX 3432 TAMPA FL 33614 TAMPA FL 33601				DO NOT WRITE IN TH	HS SPACE
				3. Date Incorporated or Qualified 08/19/1997	1007702
	10 CRAWLEN RU	28. Mailing Address C	RAWley !	Rd 59.3464617	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Odessa, FL 28 Odessa			FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3355 6 25 USA 29 33556 30			Ountry SA	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes 🗓 No
g, Name and Address of Current Registered Agent CANONICO, ERIC S 81				10. Name and Address of New Register	ed Agent
5916 IDLE FOREST PLACE TAMPA FL 33614			82 Street 83	CANONICO, ERIC S Address (P.O. Box Number is Not Acceptable) 210 CRAWIEY RC	
			84 City	DOESSA F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered again, 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 families with, and account he obligations of, Section 607.0505, Florida Statutes. SIGNATURE 4 · 30 · 98					
Signature, typed or printed hark or required and term if applicable (MQC Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TOLE	PRESIDENT	Change Addition
NAME	CANONICO, ERIC S		1.2 NAME	CANONICO, ERICS	
STREET ADDRESS	5916 IDLE FOREST PLACE		1.3 STREET ADDRESS	18210 CRAWley Rd	
CITY-ST-ZIP	TAMPA FL 33614	DC) DC) CYC	1.4 CITY-ST-ZIP	Odessa, FL 33556	
TITLE	D DOOMS DADWEN	DELETE	2.1 TITLE	·	L_ Change L_ Addition
NAME	BROOKS, BARNEY W	•	2.2 NAME		
STREET ADDRESS	1013 SOUTH DAKOTA #A		2.3 STREET ADDRESS		
CITY-\$1-ZIP	TAMPA FL 33606	T OF LETE	2. 4 CITY - ST - ZIP		T Observe T Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.1 UILE 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Change/NORDO
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	erlify that the information supplied wit	h this filing does not qualify for t	he exemption state	I ed in Section 119.0 7(3)(i) , Florida Statutes. I furthe	r 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 eath; that I am an officer or director of the corporation or the receiver or trusted suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or or an attachment will an address.					