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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073546 (8)

MEDIA INTERNATIONAL LEASING, INC.

FILED
Apr 30 1998 8:00am
Secretary of State



								JIII <b>77</b> 111 ( <b>77</b> 7	) ((( <b>))</b>	
Principal Place	of Business	Mailing Add	Mailing Address							
7771 WEST OAKLAND PARK BOULEVARD ATRIUM WEST, SUITE 122 SUNRISE FL 333\$1		atrium we	7771 WEST OAKLAND PARK BOULEVARD ATRIUM WEST, SUITE 122 SUNRISE FL 33351				DO NOT WRI	TE IN THIS S	SPACE	
							Date Incorporated or Qualified 08/22/1997	I		-
2. Principal Pi	ace of Business	2a. Mailing /	2a, Mailing Address				Fill Number	0	A	oplied For
21	_	26	26				45-01/081d	<u> </u>	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5.	Certificate of Status Desired		• •	Additional
22		27	4 · · · · · · · · · · · · · · · · · · ·						Fee R	equired
City & State	9	<b>├</b> ──┐	City & State				Election Campaign Financing			May Be
23			[28]				Trust Fund Contribution			to Fees
Zip	Country	Zip	<del> </del>	Countr	У		This corporation owes or has p	_		tangible No
24	25	29	30	J <sub></sub>			Personal Property Tax due Jur Name and Address of New F			7 140
	9. Name and Address of Curre	an negistered Age	BILL	81	Name	10.	Hallia Bila Addiess of Hen I	iogistoreu i	Agent	
	RRISON, DAVID	W = 144 DD		"	INAILIE					
7771 WEST OAKLAND PARK BOULEVARD				82	82 Street Address (P.O. Box Number is Not Acceptable)					
ATRIUM WEST, SUITE 122				83						
SU	VIRISE FL 33351									
				84	City			FL	<b>85</b> Zip	Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, I	Florida Statutos,	the abov	ve-named	corporation	submits this statement for the	purpose of	changing i	ts registered
office or re	ag <b>istere</b> d agent, or both, in the Stat m <b>fa</b> miliar with, and accept the obli	e of Florida. Such d	change was auth	iorized b	by the corp	poration's bo	pard of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE	Signature, typod or printed name of registered a	and and Mile describeds	(NOTE PA	rainteend As	ant class vs	e required when i	reinetatum)	DATE		
12,		ND DIRECTORS	(NOTE: BE	13.	faur signature		DDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	D		DELETE	1,1 TITLE		1			☐ Change	Addition
NAME	HARRISON, DAVID			1.2 NAME						
STREET ADDRESS	7771 WEST OAKLAND PARI	( BLVD, SUITE '	122	1.3 STREE	ET ADDRESS					
CITY-ST-ZIP	SUNRISE FL 33351	,		1.4 CITY						
TITLE			DELETE	2.1 TIFLE		<u> </u>			Change	Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	ET ADDRESS					
CITY-ST-ZIP				2. 4 CITY	- ST - ZIP		7.1			
TITLE			DELETE	3.1 TITLE		1			Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	FT ADDRESS					
CITY-ST-ZIP				3.4. CITY	- ST- ZIP					
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAMI	E					
STREET ADDRESS				4.3 STREE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY-	S1 - ZIP					
TITLE			DELETE	5.1 TITLE					Change	☐ Addition
NAME			,	5.2 NAME						
STREET ADDRESS				5.3 STREE	ET ADDRESS					
CITY-ST-ZIP				5.4 CITY	ST-ZIP	L				
TITLE		Ľ	DELETE	61 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	ET ADDRESS					
CITY-ST-ZIP				64 CITY-						
	ertify that the information supplied	with this filing does	not qualify for th			ed in Section	n 119.07(3)(i) Florida Statutes	I further ce	rtify that the	e information

4. 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 eath; 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 change for on an attachment with an address.

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AT Harrison C

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