

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**WILDE SITE, INC.**

| Principal Place of Business                  | Mailing Address                                       |
|--|---|
| 0 BISCAYNE BLVD., SUITE D2<br>MIAMI FL 33137 | 3300 BISCAYNE BLVD., SUITE D2<br>MIAMI FL 33137<br>US |

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

|             |  |
|-------------|--|
| Applied For |  |
|-------------|--|

Not Applicable

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Election Campaign Financing

### Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes      ☐ No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

CHRIST, THOMAS  
3300 BISCAYNE BLVD., SUITE D2  
MIAMI FL 33132

|    |      |
|----|------|
| 81 | Name |
|----|------|

|    |  |
|----|--|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
|----|--|

83

|    |      |
|----|------|
| 84 | City |
|----|------|

FL

|    |          |
|----|----------|
| 85 | Zip Code |
|----|----------|

\_\_\_\_\_. 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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

## OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                   |   |                                 |  |   |
|-----------------------------------|---|---------------------------------|--|---|
| E<br>IE<br>EET ADDRESS<br>/ST-ZIP | P<br>CHRIST, THOMAS<br>3300 BISCAYNE BLVD #D2<br>MIAMI FL 33137 | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E<br>IE<br>EET ADDRESS<br>/ST-ZIP |   | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E<br>IE<br>EET ADDRESS<br>/ST-ZIP |   | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E<br>IE<br>EET ADDRESS<br>/ST-ZIP |   | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E<br>IE<br>EET ADDRESS<br>/ST-ZIP |   | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| E<br>IE<br>EET ADDRESS<br>/ST-ZIP |   | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/99

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (5/99)