29-JUL-99 DO 17:50

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

**FILED**
**Aug 16, 1999 8:00 am**
**Secretary of State**
08-16-1999 90005 044 ***550.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # **P97000087242**

1. Corporation Name
**MNC MEDIA, NETWORK & COMMUNICATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2809 BIRD AVENUE<br>MIAMI FL 33133 | 2200 B DOUGLAS BLVD. #100<br>ROSEVILLE CA 95661 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: 10/08/1997

4. FEI Number: 65-0785834 ☐ 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 Fee

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SHERIDAN, DREW S ESQ
6401 SOUTHWEST 87TH AVENUE
SUITE 114
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name: Sheridan, Drew S Esq
82 Street Address (P.O. Box Number is Not Acceptable): 7765 SW 87th Avenue, Suite 102
83
84 City: Miami FL 85 Zip Code: 33173

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when maintaining)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE P | HALVERSON, DAVID E | ☐ DELETE |
| NAME / STREET ADDRESS / CITY-ST-ZIP | 2200-B DOUGLAS BLVD. #100<br>ROSEVILLE CA 95661 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President<br>Alexander Cordes | ☑ Change ☐ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (5/99)

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: _____ 8-10-99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #