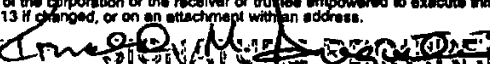


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$666 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$766).

FILED

Jul 26 1999 8:00am
Secretary of State

*PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000087319					
1. Corporation Name RAMPAC MEDIA INC.					
Principal Place of Business 5370 E. BAY DR., #129 CLEARWATER FL 33764			Mailing Address 5370 E. BAY DR., #129 CLEARWATER FL 33764		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 10/09/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0789433	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent AUGUSTINE, RON 5370 E. BAY DR., #129 CLEARWATER FL 33764				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
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 607.0506, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
1.2 NAME AUGUSTINE, RONALD			1.2 NAME		
1.3 STREET ADDRESS 5370 E. BAY DR., #129			1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP CLEARWATER FL 33764			1.4 CITY-STATE-ZIP		
2.1 TITLE ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
2.2 NAME COUSINEAU, PHIL			2.2 NAME		
2.3 STREET ADDRESS 5370 E. BAY DR., #129			2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP CLEARWATER FL 33764			2.4 CITY-STATE-ZIP		
3.1 TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP			3.4 CITY-STATE-ZIP		
4.1 TITLE ☐ DELETE			4.1 TITLE ☐ Change ☐ Addition		
4.2 NAME			4.2 NAME		
4.3 STREET ADDRESS			4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		
5.1 TITLE ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
6.1 TITLE ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		
14. 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:  7/19/99					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

07/26/99 90011 004 550.00
DO NOT WRITE IN THIS SPACE

CR2ED34 (5/99)