

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90078 008 \*\*\*150.00

DOCUMENT # P97000089215

1. Corporation Name

ODAM COMMUNICATIONS, INC.



Principal Place of Business

888 SOUTHEAST THIRD AVENUE SUITE 400  
FORT LAUDERDALE FL 33316

Mailing Address

888 SOUTHEAST THIRD AVENUE SUITE 400  
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

2. Principal Place of Business

21 1666 79th STREET

2a. Mailing Address

26 1666 79th STREET

Suite, Apt. #, etc.

22 Suite # 200

Suite, Apt. #, etc.

27 # 200

City & State

23 Miami Beach

City & State

28 Miami Beach

Zip

24 33141

Country

25 USA

Zip

29 33141

Country

30 USA

4. FEI Number

65-0788191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LARRY J. BEHAR, P.A.

888 SOUTHEAST THIRD AVENUE SUITE 400  
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name FERNAND LAMOTHE

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

721 S.E. 17th STREET # 200

83

84 City Fort LAUDERDALE

FL

85

Zip Code 33316

11. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

03/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FALARDEAU, MADELEINE

STREET ADDRESS 2213 SOUTH LAKE DR

CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE S ☐ DELETE

NAME HARVEY, MICHEL

STREET ADDRESS 2213 SOUTH LAKE DR

CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 305-867-3939

CR2E034 (11/98)