

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90030 027 ***150.00

DOCUMENT # P98000001488

1. Corporation Name

MEDIA MARKETING CONSULTING SERVICE, INC.

Principal Place of Business

2009 DEWEY STREET
HOLLYWOOD FL 33020

Mailing Address

P.O. BOX 221477
HOLLYWOOD FL 33022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

15-0910235

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2323 Del Prado Blvd #7
Suite, Apt. #, etc.

22 212
City & State
Cape Coral Florida

23 33990
Zip Country
USA

2a. Mailing Address

26 2025 Everest Parkway
Suite, Apt. #, etc.

27
City & State
Cape Coral Florida

28 33914
Zip Country
USA

9. Name and Address of Current Registered Agent

LAHM, STEVEN G
2009 DEWEY STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Steven Lahm
82 Street Address (P.O. Box Number is Not Acceptable)
2025 Everest Parkway
83
84 City Cape Coral FL 85 Zip Code 33914

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

Steven Lahm

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

(Note: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME LAHM, STEVEN
STREET ADDRESS 2009 DEWEY STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VPS
NAME THARP, KENNETH
STREET ADDRESS 2130 JACKS CREEK RD.
CITY-ST-ZIP LEXINGTON KY 40515

TITLE Secretary
NAME Donna Mayer
STREET ADDRESS 601 Arbor Elm Cr
CITY-ST-ZIP Wheaton IL 60187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Steven Lahm
1.3 STREET ADDRESS 2025 Everest Parkway
1.4 CITY-ST-ZIP Cape Coral Florida 33914

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME Donna Mayer
3.3 STREET ADDRESS 601 Arbor Elm Cr
3.4 CITY-ST-ZIP Wheaton IL 60187

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 #

CR2E034 (11/98)