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

DOCUMENT # P9800001910

Corporation Name

FLORIDA'S EYE-FOR BROADCAST PRODUCTION CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90043 047 ***150.00



| Principal Place | e of Business | Mailing Address | | | | |
|--|--|--------------------------------|------------------------------|---|---------------|--------------|
| 2288 BANNISTE | R ST. | 2288 BANNISTER ST. | | { | | |
| DELTONA FL 32738 DELTONA FL 32738 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3 3FACE | |
| | | | | 3. Date Incorporated or Qualifed | | ì |
| | | | | 01/06/1998 | 1 1 4 | -tind Con |
| | lace of Business | 2a. Mailing Address | 11. 10 | 4. FEI Number 59-3493709 | Ş | plied For |
| 21 112C | | | lle RR | 39-3493709 | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt: #, etc. | | 5. Certificate of Status Desired | \$8.75 A | |
| 22 Suite B 27 Suite B | | | | | | |
| City & Stat | 0 1 151-15 | City & State | 0-A46 | 6. Election Campaign Financing | \$5.00 | |
| 23 714 | TOWA BEACHA | | BEACH PL | . Trust Fund Contribution | Added t | o Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year I | | No |
| 24 341 | 4 25 Volusia | 29 3 2114 3 | Volusia | Personal Property Tax. | ∐Yes | TINO |
| <u> </u> | 9. Name and Address of Current F | Registered Agent | 81 Name | 10. Name and Address of New Registere | d Agent | |
| 1 11 84 | ED HADDY | rry vimer | | J | | |
| 82 Street Addres | | | | ess (P.O. Box Number is Not Acceptable) | | |
| 2288 BANNISTER ST | | | | Powell Blad | | |
| DELTONA FL 32738 83 1 | | | | 2-103 | | 1 |
| ſ | | | 17/-1 | 2 (0) | as Zin C | Code |
| | | | 84 City | ONA BEACH F | L 85 Zip C | 114 |
| At Dissupplies the application of Sections 607 0500 and 607 1508. Elegida Statutes the above paged compration 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. | | | | | | |
| agent. I a | m familiar with, and accept the obligation | ns of Section 607,0505, Florid | a Statules. | 2/2/ | CG | ĺ |
| SIGNATURE Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| TITLE | 0 | ☐ DELETE | 1.1 TITLE | | Change | Addition |
| NAME | ULMER, HARRY | | 1.2 NAME | | | ļ |
| | 2288 BANNISTER ST. | | 1.3 STREET ADDRESS | | | |
| STREET ADDRESS | DELTONA FL 32738 | | | | | { |
| CITY-ST-ZIP | D DELITORA PL 32/38 | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | ["] Change | Addition |
| TITLE | = | DELETE. | | | _ +\$- | |
| NAME | OLDS, JEFFERY C | | 2.2 NAME | | | ì |
| STREET ADDRESS | 2288 BANNISTER ST. | | 2.3 STREET ADDRESS | And the second second | • | |
| Crty-ST-ZIP | DELTONA FL 32738 | | 2. 4 CITY+ST-ZIP | | Charma | [T] Addition |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | Change | Addition |
| NAME | Sorrentino, Fred | | 3.2 NAME | | | |
| STREET ADDRESS | 2288 BANNISTER ST. | | 3.3 STREET ADDRESS | | | 1 |
| CITY-ST-ZIP | DELTONA FL 32738 | | 3.4. CITY-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | Change | ☐ Addition |
| NAME | WIECZOREK, GRACE | | 4. 2 NAME | | | |
| STREET ADDRESS. | 2288 BANNISTER ST. | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DELTONA FL 32738 | | 4.4 CITY-ST-ZIP | | | |
| TITLE | n | ₽ O ÉLETE | 5.1 TITLE | | ☐ Change | Addition |
| NAME | SORRENTINO, SHERRYL | - | 5.2 NAME | | _ | |
| | 2288 BANNISTER ST. | | 5.3 STREET ADDRESS | | | Ì |
| STREET ADDRESS | DELTONA FL 32738 | | 5.4 CITY-ST-ZIP | | | ľ |
| CITY-ST-ZIP | DELITONA PL 32/30 | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| TITLE | | | 6.2 NAME | | | |
| NAME | | | 6.3 STREET ADDRESS | | | |
| STREET ADDRESS | } | | | | | } |
| OFFICE SID | İ | | 64 CITY-ST-ZIP | | | 1 |

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 exporation 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 challenged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CER OR DIRECTOR

3 30/55 704 2557579 Date Devicine Phone # CR2E034 (11/9)