## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPERATIONS

## Jun 09, 1999 8:00 am Secretary of State 06-09-1999 90020 016 \*\*\*150.00

| •                         | 1999 🔏  |                                      | DIVISION OF CO         | _                            |  | _   |                                     |                        |
|---------------------------|---|--------------------------------------|------------------------|------------------------------|--|---|-------------------------------------|------------------------|
| DOCUI                     | MENT # 19800  | 0000                                 | 1379                   |                              |  |   |                                     |                        |
| 1. Corporation            | n Name  | 4-00                                 | » CATICA!              |                              |  | <b>\</b>  |                                     |                        |
| SOUTH                     | Name<br>CAST MEDIA  | CDICAC                               | 514711010              |                              |  | * 5 7 8<br>578984 - 96  | 9 8 4                               | *                      |
|                           |   |                                      |                        |                              |  | 578984 - 90   | 0004 - 1                            |                        |
|                           |   |                                      |                        |                              |  | 4   |                                     |                        |
| Principal Place           | e of Business   | Mailing                              | Address<br>BOX 1519    | פו                           |  | <b>\</b>  |                                     |                        |
| 1031 NO                   | With ST.  | 7.0.1                                |                        | G)                           |  |   |                                     |                        |
| 5011 C                    | SVILLE, FL  | Charles                              | SVILLE, !              | 7 C                          | . i                                    | DO NOT WRITE IN THI   | S SPACE                             |                        |
| OFF (17 C                 | 32601   |                                      | Ş                      | 320                          | 94                                     | 3. Date Incorporated or Qualifed  |                                     |                        |
|                           |   | 20 Ma                                | iling Address          |                              |  | 4. FEI Number   | App                                 | lied For               |
| 2. Principal P            | tace of Business  | 26                                   | illing Additions       |                              |  | 59-3487721  |                                     | Applicable             |
| Suite, Apt.               | #, etc.   |                                      | te, Apt. #, etc.       |                              |  | 5. Certificate of Status Desired  | \$8,75 A                            |                        |
| 22                        |   | 27                                   |                        | _                            |  |   |                                     |                        |
| - City & State            | 8   |                                      | y & State              |                              |  | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00<br>—Added I                  |                        |
| 23                        | Country   | 28 Zip                               |                        | Count                        | TV                                     | 8. This corporation owes the current year   | Intangible                          |                        |
| Zip                       | Country 25  | 29                                   | 3                      | _                            | •                                      | Personal Property Tax.  | Yes                                 | <b>⊠</b> №             |
| 24                        | 9. Name and Address of Cu   |                                      | d Agent                |                              |  | 10. Name and Address of New Registere   | d Agent                             |                        |
| -metel                    | HAYTER  |                                      |                        |                              | 11 Name                                |   |                                     |                        |
| JUIN                      | 1147 CC   | <del></del>                          |                        | 1                            | Street Add                             | ress (P.O. Box Number is Not Acceptable)  |                                     |                        |
| 704 r                     | DE 1ST STREET   | 1<br>^ ~ ~ ·                         |                        | -                            | 13                                     |   |                                     |                        |
| GAINE                     | SVILLE, FL 3  | 7601                                 |                        | L                            | }                                      |   | . 85 Zip C                          | ode                    |
|                           |   |                                      |                        | - 1                          | City                                   | <u> </u>  | LI                                  |                        |
| 11, Pursuant              | to the provisions of Sections 607   | .0502 and 607.1                      | 508, Florida Statutes  | , the ab                     | ove-named com                          | poration submits this statement for the purpose<br>on's board of directors. I hereby accept the app | of changing its<br>pointment as reg | registered<br>pistered |
| office or r<br>agent. I a | registered agent, or both, in the S<br>vm familiar with, and accept the o | tate of Florida, Soligations of, Sec | tion 607.0505, Florid  | ia Statut                    | 93.                                    |   |                                     |                        |
| SIGNATURE                 |   |                                      |                        |                              | gent signature require                 | pd when minerating) DATE  |                                     | ]                      |
|                           | Signature, typed or printed name of registers                             | AND DIRECTO                          |                        | 13.                          | Alle and resolution of the contract of | ADDITIONS/CHANGES TO OFFICERS   |                                     | RS IN 12               |
| 12.                       |   |                                      |                        | 1.1 TTL                      | E T                                    |   | Change                              | Addition               |
| NAME                      | PRESIDENT<br>MARC L. MEI<br>1031 NW lon                                   | SEL                                  | - FA-3                 | 1.2 NAX                      | E                                      |   |                                     | Ì                      |
| STREET ADDRESS            | 1031 NW 1012  | Succe.                               | 26-1                   |                              | EET ADDRESS                            |   |                                     |                        |
| CITY-ST-Z#P               | GAINESULLE  | , M 3.                               | <i>⊒6</i> 0(           | 1.4 CITY-ST-ZIP<br>2.1 TITLE |  |   | Change                              | Addition               |
| TITLE                     |   | •                                    | Coercie                | 22 NA                        |  |   |                                     |                        |
| NAME                      |   |                                      |                        |                              | EET ADDRESS }                          |   |                                     |                        |
| STREET ADDRESS            |   |                                      |                        | 2.4 CIT                      | Y-ST-ZIP                               |   |                                     | <u> </u>               |
| TITLE                     |   |                                      | DELETE                 | 3.1 TITE                     | E                                      |   | ☐ Change                            | Addition :             |
| NAME                      |   |                                      |                        | 32 NA                        | <b>I</b>                               |   |                                     |                        |
| STREET ADDRESS            |   |                                      |                        |                              | EET ADDRESS                            | · - ·   |                                     | <u>~</u>               |
| CITY-ST-ZP                |   |                                      | DELETE                 | 4.1 TITL                     | Y-51-20P                               |   | Change                              | ☐ Addition             |
| TITLE                     | }   |                                      |                        | 4.2 NA                       | 1                                      |   |                                     |                        |
| NAME<br>STREET ADDRESS    |   |                                      |                        | 4.3 STR                      | EET ADDRESS                            |   |                                     |                        |
| CITY-ST-ZIP               | 1   |                                      |                        | 4.4 CIT                      | -ST-ZIP                                |   | Charge                              | Addition               |
| TITLE                     |   |                                      | DELETE                 | 5.1 T/IL                     | I .                                    |   | Change                              |                        |
| NAME                      |   |                                      |                        | 52 NAA                       | EET ADDRESS                            |   |                                     | '                      |
| STREET ADDRESS            | <b>i</b>  |                                      |                        |                              | -ST-ZP                                 |   |                                     |                        |
| CITY-ST-ZEP               | <u> </u>  |                                      | DELETE                 | 6.1 TITL                     |  |   | ☐ Change                            | Addition               |
| NAME                      |   |                                      |                        | 6.2 NA                       | E                                      |   |                                     |                        |
| STREET ADORESS            | 3   |                                      |                        | 6.3 STF                      | EET ADDRESS                            |   |                                     |                        |
|                           |   |                                      |                        | 6.4 CIT                      | -ST-ZP                                 | AAC CTIONS Floride State - 1 hostor   | cartify that the is                 | nformation             |
| 14 I horeby               | certify that the information supplies                                     | ed with this filing                  | does not qualify for t | he exen                      | eption stated in                       | Section 119.07(3)(i), Florida Statutes. ! further   | nder ooth: that                     | laman                  |

I nereby certify that the information supplied with this interest the same legal effect as if made under cath; that I am at indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am at indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am at indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am at indicated on this annual report or suppliemental annual report o

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR