## FILED Apr 22, 1999 8:00 am Secretary of State g , <u>11...</u>. . . . . PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT 04-22-1999 90144 044 \*\*\*150.00 Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000008534 1. Corporation Name STREAM, INC. Malting Address Principal Place of Business 1516 VENERA AVENUE 1516 VENERA AVENUE **CORAL GABLES FL 33146** CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/28/1998 4. FEI Number 45 - 0808734 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00.May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes the current year intangible Zip Country ☐ Yes 30 Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERMAN, LARRY M Street Address (P.O. Box Number is Not Acceptable) 1516 VENERA AVENUE **CORAL GABLES FL 33146** 85 Zip Code 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change DELETE 1.1 TITLE PSTD TITLE 12 NAME HERMAN, LARRÝ M NAME 11759 S.W. 102 STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** 1.4 <u>OTY-\$T-ZIP</u> CITY-ST-ZIP 21 TITLE Change TITLE 22 NAME HERMAN, LARRY M 11759 S.W. 102 STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3,1 TITLE TILE 3.2 NAME NAME STREET ADDRES 3.3 STREET ALLEGS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change OFLETE 4.1 TITLE TIME 4.2 NAME NWE 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP OFLETE 51 DDF

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther certify that the information 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 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.

5.2 NAME

SITTLE

8.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: √

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