PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000011003

1. Corporation Name

SPECTRUM MULTIMEDIA GROUP, INC.

Principal Place of Business

Mailing Address

May 14, 1999 8:00 am Secretary of State

05-14-1999 90006 031 *****8.75 05-14-1999 90006 032 ***150.00



4168 CEDAR CREEK ROAD 4168 CEDAR CREEK ROAD **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>02/04/1998</u> 2a. Mailing Address Principal Place of Business 4. FEI Number Applied For Not Applicable 4168 Cedar Cree 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year Intangible Personal Property Tax. 30 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name NA KLEIN, JEFFREY G Street Address (P.O. Box Number is Not Acceptable) 82 23123 STATE ROAD SEVEN STE. 350-B **BOCA RATON FL 33428** 83 8A City N/A 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME CARTA, RICHARD R JR. 1.3 STREET ADDRESS STREET ADDRESS 4168 CEDAR CREEK ROAD **BOCA RATON FL 33487** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP C/TY-\$T-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIF

☐ Change

☐ Addition

(11/98)CR2E034