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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014574

1. Corporation Name

PROGRESSIVE MEDIA HOLDINGS, CORP.

Principal P ace	e of Business	Mailing Address	-				
200 E ROBINSON ST. STE 450 ORLANDO FL 32801		200 E ROBINSON ST. STE 450 ORLANDO FL 32801					
					DO NOT WRITE IN TI	FIS SPACE	- -
				3. Date Incorpora 02/12/1998			
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	24020.0	(- ·	ried For
21		26		59-	<u> 3493208 </u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of S	Status Desired	\$8.75 A	1
22		27				Fee Re	-`
City & State	е	City & State		6. Election Camp	_	\$5.00	
23		28		Trust Fund Co	ontribution	Added t	(Fees
Zip	Couritry	Zip	Country		on owes the current year		≥ No
24	25		0	Personal Prop	_ 	Yes	<u>,240</u>
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Ad	Idress of New Register	t a Agent	
IOHI	NSON, NICOLE		oi Name	Joseph (AM//10		
			82 Street Ad	Idress (P.O. Bo) Numb	er is Not Acceptable)	L.	
4834 UTE ST Orlando FL 32819			62	KOOE, MO	SINSON SI	<u> </u>	
UND	ANDO FE 32019		83	te 450			
			اسر 84 City	01. 10		85 Zip (Code
				KLANUC		- L _	301
office or n	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligat	on of Section 607,0505, Floring	horized by the corporate Statutes.	ttion's board of director	s. I hereby accept the ac	prointment as re	gistered
	Signature, typed or printed name of registered agen		Registered Agent signature requi		HANGES TO OFFICERS	AND DIRECTO	DS IN 12
12.	OFFICERS MI	DELETE	13.	ADDITIONS/C	HANGES TO OFFICERS	Change	Addition
TITLE	PD DAMELA I	☐ DETEIE	1.1 TITLE				
NAME.	WILKINSON, PAMELA J		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	WINDERMERE FL 34786	☐ DELETE	1.4 CITY- ST-ZIP			Change	Addition
TITLE	ODERDOOK ONE!! A LANCIEV	☐ DELETE	2.1 TITLE				
NAME	O'DERRICK, SHEILA LANGLEY		2.2 NAME				
STREET ADDRESS	(2.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32712		2. 4 CITY-ST-ZIP			☐ Change	Addition
TITLE	S	DELETE	3.1 TITLE			C change	
NAME	JOHNSON, NICOLE		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819		34 CITY-ST-ZIP				
TITLE	İ	☐ DELETE	4 1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4 4 CITY-ST-ZIP				<u> </u>
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
*****	1		62 NAME				

CITY-ST-ZIP 14. I hereby certify that the informa ion supplied with this filling 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS