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** FILED

00 JAN - 4 PM 3: 11

SECRETARY OF STATE TALBAHASSEE. FLORIDA

DOCUMENT # P98000023569

| 1. Corporation Name | | | | | | | | | ļ |
|---|--|-----------|---|-----------|---|---------------|---|--|-----------------------------|
| M.M.D. | MEDIA ENTERPRISE, INC. | | | | | | | | |
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| ļ | | | | | | | | (13 55) 16 5(0) 1 880 1772) 1 577 | |
| Principal Pla | ce of Business | М | Mailing Address | | | | 1-1:2 100 0012 | | A () |
| 8801 N.W. 112 ST. HIALEAH GARDENS FL 33018 | | | 8801 N.W. 112 ST. Hialeah Gardens Fl 33018 | | | | 3/10/99 9010 | 7 C12 C12 | $\mathcal{O}_{\mathcal{A}}$ |
| | | | | | | | \bigcirc . | | - |
| 1 | | | | | | | | E IN THIS SPACE | |
| ! | | | | | | | 3. Date Incorporated or Qualifed . 03/12/1998 | | 1 |
| | | - Ta- | Mailing Adden | | | | 4. FEI Number | | Applied For |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 65-082124 | 3 Y ? | lot Applica |
| 21 | | 26 | Suite, Apt. #, etc. | | | - | 45 000 100 15 | | Additiona |
| Suite, Apt | L #, etc. | | Suite, Apr. #, etc. | | | | 5. Certificate of Status Desired | | Required |
| City & Sta | 210 | 27 | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| | 510 | 28 | ony a oncio | | | | Trust Fund Contribution | | to Fees |
| 23 Zip | Country | 1.0 | Zip | | Country | | 8. This corporation owes the curre | | |
| 24 | 25 | 29 | r | 30 | • | | Personal Property Tax. | Yes | įΝο |
| 241 | 9. Name and Address of Current | | stered Agent | 1001 | | | 10. Name and Address of New Re | gistered Agent | |
| | | | | | 81 | Name | | | 1 |
| | itta-delgado, martha | | <u></u> | | | Charat A | ess (P.O. Box Number is Not Acceptable) | | |
| |)1 N.W. 112 ST. | | 82 Street Addre | | | Street A | ess (P.O. dox hamber is had Acceptat | · e) | |
| j HIA | LEAH GARDENS FL 33018 | | - | | 83 | | | | 1 |
| } | | | | | | - | | last 7:a | Code |
| { | | | | | 84 | City | | FL 85 Zip | Coga |
| 11 Pursuan | t to the provisions of Sections 607.0502 | and 6 | 07.1508. Florida Statu | tes. th | e above | -named o | oration submits this statement for the p | urpose of changing it | s registeri |
| office or | registered agent, or both, in the State o am familiar with, and accept the obligation | f Flori | da. Such change was a | เมเทดา | ized DV i | the corpor | on's board of directors. I hereby accept | the appointment as re | egistered |
| - | | J113 U1 | , 300001 001.0000, 1 10 | A 146 C | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title | if applicable. (NOT) | .: Regist | pred Agent | signature rec | d when reinstating) | DATE | |
| (12.) | OFFICERS AND | | | A | 13.\ | | ADDITIONS/CHANGES TO OFF | | |
| TILE | President | | ☐ DELETE | (1 | .1 TITLE | | | ☐ Change | □A⊌ |
| NAME | MARHA HOTTA-DelgAD | D | | 1 | 2 NAME | } | | | 1 |
| STREET ADDRESS | | | | 1 | .3 STREET | ADDRESS | S/A | | |
| CITY-ST-ZIP | Pembroke Pines, Pl. 330 | 28 | | 1 | A CITY-ST | -ZiP | · · · | | |
| TITLE | | | ☐ DELETE | 2 | 1 mle | | 2000031 | 134 9 Change | |
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| NAME | | | | 3 | 2 NAME | J | | • |] |
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| CITY-ST-ZIP | » N/A | | | 3 | 4. CITY-S | r-ziP | | | |
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| NAME | | | | 4 | . 2 NAME | ļ | | ĺ | İ |
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| CITY-ST-ZIP | V/A | | | | 4 CITY-ST | | | ·. | I |
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| NAME | | | _ | • | 2 NAME | | | | |

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 informatic 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.

53 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY+ST-ZIP

5.4 CITY-ST-ZIP

6.1 TTLE

62 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DIA

305-228-498

Change

M.M.D. Media Enterprise 16796 NW 8th Street, Pembroke Pines, Fl. 33028 Tel: 954-447-3193 Fax: 954-447-3358

Department of State
Divison of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Annual Report & Change of address

We have received your certificate revoking our corporation because you do not have record of receiving our annual report. Enclosed you will find the actual report which was sent on 6/30/99.

We request that you reinstate our corporation since we have followed procedures for the corporation at all times. We have not received in the past any additional communication from your office advising us of any additional procedures necessary, thus the revoking our license is unexpected.

Please note that we have moved our office to a new location:

MMD Media Enterprise Pembroke Isles 16796 NW 8th Street Pembroke Pines, Fl. 33028 Tel:954-447-3193

Fax: 954-447-3358