PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000024437

1. Corporation Name

MEDIA MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

1149 SAN MARCO DRIVE

1149 SAN MARCO DRIVE

May 15, 1999 8:00 am Secretary of State

05-15-1999 90021 037 ***150.00



LARGO FL 3377	U	LANGO FL 337/0			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					03/16/1998		
Principal Place of Business 2a. Mailing Address				_	4. FEI Number	<u> </u>	plied For
21 /149 SAN MARCO DR 26 P.O. BOX 176				<u> </u>	59-3498951		t Applicable
— '''	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	
22 27 27 City & State Sity & State					6. Election Campaign Financing	\$5.00	<u> </u>
	\mathcal{L}^{-}	FC 28 CERRIMTER.			Trust Fund Contribution	Added to	• 1
23 <u>ZAR60</u> Zip	Country	Zip	Country		8. This corporation owes the current year tr		
24 3877c	7 25 450	50 29 33762 30			Personal Property Tax.		X No
24 0 - 1 1	9. Name and Address of Current I				10. Name and Address of New Registered	Agent	
			81	Name			
PLESS, DAVID A JR				82 Street Address (P.O. Box Number is Not Acceptable)			
1149 SAN MARCO DRIVE							
LARG	60 FL 33770		83	P]			
			84	City		85 Zip 0	Code
					<u> </u>		us mints and
office or re	egistered agent or both in the State of	Florida, Such change was aut	norizea di	the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	i changing its pintment as reg	registered gistered
agent. I ar	rr familiar with, and accept the obligation	ns of Section 607.0505, Florid	la Statute	s.	11/2 150		İ
SIGNATURE	Daila Pl	NOTE O			ured when reinstating) DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	en signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PRESIDENT	DELETE	1.1 TITLE		7.557.10.10.10.10.10.10.10.10.10.10.10.10.10.	Change	☐ Addition
NAME	DAVID PLESS IX	• –	1.2 NAME				Ì
STREET ADDRESS	1147 JAN MAKO DR		1.3 STREE	TADDRESS			
CITY-\$T-ZIP	LAVES EL BETTO		1.4 CITY-5	ST-ZIP	_		
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NAME	2.2 N		2.2 NAME				}
STREET ADDRESS	23:		2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		<u>-</u>	
TITLE	☐ DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
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NAME				TADDRESS			
STREET ADDRESS			5.4 CITY-1				1
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME		<u></u>	6.2 NAME			_ •	_
STREET ADDRESS			6.3 STREE	T ADDRESS			ļ
SINEE! AUUNESS							í

6.4 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.

SIGNATURE:

727-579-37<u>16</u>

CR2E034 (11/98)

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