1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028242

PAN AMERICA MEDIA OF PALM BEACH, INC.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90069 038 ***150.00



Principal Place	e of Business	Mailing Address			ANIS HAR INTERIOR
4360 NORTHLAKE BLVD.,STE.205 4360 NORTHLAKE BLVD.,STE.			.205		
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 3			33410	DO NOT WRITE IN	THIS SUACE
				3. Date Incorporated or Qualifed	INIS SPACE
				03/26/1998	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21			armony Ct	65 -0834626	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	te	City & State	Lucie FL	6. Election Campaign Financing	\$5.00 May Be
23		28 Port Saint		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 2.4053	Country	8. This corporation owes the current ye	ar Intangible ☐ No
24	25		0	Personal Property Tax. 10. Name and Address of New Regist	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 7 T					
WASHOFSKY MARTIN F GARY T. Levigne					
4360 NORTHLAKE BLVD.,STE.205				ress (P.O. Box Number is Not Acceptable)	0
PALM BEACH GARDENS FL 33410				Dusiness Superston	,
			1515	University Dr., S	te. 207
			84 City	Sarinas	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits the 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.					
office or r	registered agent, or both in the State	Florida, Such change was aut	horized by the corporation	on's board of directors. I hereby accept the	appointment as registered
agent. I am tamiliar with, and accept the obligations of, Section 607.0505 Florida Statutes.					
SIGNATURE	Signature typed of printed name of registered agent	and the if a plicable. (NOTE: F	Legistered Agent signature require	d when reinstating) DA	TE
12.	OFFICERS AND	DIRECTORS.	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	DP 3	DELETE	1.1 TITLE		☐ Change Addition
NAME	SNOW, NATHAN	•		symundo Gonzalez	c la 205
STREET ADDRESS	The state of the s		1.3 STREET ADDRESS	360 Northlake biva,	ste_ 205
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		14 CITY-ST-ZIP	<u> Im Deach Gardens, -</u>	FL 33410
TITLE	}	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	<u> </u>	~	: 2.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	2. 4 CITY-ST-ZIP	·	Change Addition
TMLE.		☐ DELETE	3.1 TITLE		[] Criange [] Addition
NAME			3.2 NAME		Į.
STREET ADDRESS			A A OTHERT ADDRESS		1
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		□nerete	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		Change Addition
NAME STREET ADORESS		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE			3.4. City-St-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-St-ZIP		
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME			3.4. City-St-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-St-ZIP 5.1 TITLE		
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14. I hereby certify that the information supelied 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 fustee 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: