

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0349710

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90178 012 \*\*\*150.00

DOCUMENT # P98000035117

1. Corporation Name

ATKINSON MEDIA MARKETING U.S., INC.

Principal Place of Business

4050 SEA GRAPE CIRCLE  
STE 100  
DELRAY BEACH FL 33445

Mailing Address

4050 SEA GRAPE CIRCLE  
STE 100  
DELRAY BEACH FL 33445

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERA AVENUE  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	04/17/1998	
4. FEI Number	65-0830730	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent		
81	Name DAVID H. ATKINSON	
82	Street Address (P.O. Box Number is Not Acceptable) 4050 SEA GRAPE CIRCLE	
83	SUITE 100	
84	City DELRAY BEACH	FL Zip Code 33445

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

DAVID H. ATKINSON

MARCH 15, 1999.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, DAVID H		1.2 NAME	
STREET ADDRESS	4050 SEA GRAPE CIRCLE, STE 100		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	
TITLE	VSTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, GISELE N		2.2 NAME	
STREET ADDRESS	4050 SEA GRAPE CIRCLE, STE 100		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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: DAVID H. ATKINSON: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15, 1999 561-637-6200

DATE

Daytime Phone #