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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036956

ZERO MEDIA CORPORATION

Mar 02, 1999 8:00 am Secretary of State

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| Principal Place of Business Mailing Address | | | | | | | | | | , | | | | | | | |
| 1350 E4 MAHAN DR., SUITE 323 1350 E4 MAHAN DR., SUITE | | | | | | | | | | | | | | | | | |
| TALLAHASSEE FL 32308 | | | | TALLAHASSEE FL 32308 | | | | | | DO NOT WRITE IN THIS SPACE | | | | | | | |
| | | | | | | | | | 3 | B. Date Inco | rporated | or Quálife | d | | | | } |
| | | | | | | | | | | 04/23/1 | 1998 | | | | | | |
| 2. Principal Pl | lace of Busine | 2 | 2a. Mailing Address | | | | | | . FEI Numb | ber | | | | A | pplied | For | |
| 21 | | | | 26 | | | | | | 59- | <u> 350</u> | 766 | 7 | | | lot App | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5 | . Certifcate | of Status | Desired | | | | Additio | |
| 22 | | | 27 | 27 | | | | | | , our mouto | | , 500, 00 | | | | equire | |
| City & State | e | | <u>_</u> | City & State | | | | | 6 | Election (| | | 3 🗆 | | | May 1 | |
| 23 | | | | 28 | | | | | <u> </u> | Trust Fun | | | | | | to Fee | s |
| Zíp | Country | | | <u> </u> | | | Country | | | 8. This corporation owes the current year Intangible Personal Property Tax. | | | | | | , | |
| 24 | | 25 29 30 30 Name and Address of Current Registered Agent | | | | 30 | | | | Personal Property Tax. Yes X No 10. Name and Address of New Registered Agent | | | | | | - | |
| | 9. Name | and Address o | t Current Reg | istered A | gent | | 81 | Name | | J. Name an | iu Audie | 33 01 1101 | register | ou ngu | - | | |
| HINT | ON, JOYCE | : | | | | | | | | | | | | | | | |
| 2883 FAIR GREEN DR. | | | | | | | | Street | Address (| (P.O. Box N | umber is | Not Accep | otable) | | | | |
| | ARWATER F | | | | | | 83 | | | | | | | | | | |
| 042 | | _ 00,0, | | | | | | | | | | | | | | | |
| | | | | | | | 84 | City | | | | | | 8 | j Zip | Code | |
| 44 5 | A | ons of Sections | 607 0502 and | 607 1500 | Elorido Statut | os the a | bove | named | comorati | on submits t | this stater | nent for th | e purpose | of char | Laina it | s regist | tered |
| office or n | egistered age | ons of Sections ent, or both, in t h, and accept t | he State of Flo | rida. S⊔ch | change was a | uthorized | זעסנ | tne corpo | oration's I | board of dire | ectors. I h | ereby acc | ept the ap | pointme | nĭt aš r | egister | ed |
| SIGNATURE | | | | | | | | | | | | | | | | | \ |
| | Signature, typed | or printed name of re | | | . (NOTE | | Agent | t signature r | required wher | r reinstating) ADDITION | C/CHANI | SEC TO C | DATE | | DECT | OPS IN | J 12 |
| 12. | OFFICER | | ERS AND DIF | S AND DIRECTORS | | | 13. | | CEO | | 13/CFIAIN | 323 10 0 | PETICENS | | Change | | Addition |
| TITLE | | | | | | 1.1 N | | | Phil | lio Hi | ~ton | | | _ | | | ` { |
| NAMÉ | | | | | | | | ADDRESS | 132 | S W. T | haro | e 5t. | # 3 | 34B | | | |
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| NAME | | | | | | | | ADDRESS | Adam Worobec 1325 W. Tharpe St. #334D | | | | | | | | |
| STREET ADDRESS | | | | | | | :TY- S1 | | | hassee, fl 32303 | | | | | | - 1 | |
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| STREET ADDRESS | | | | | | 3.3 S | TREET | ADDRESS | 7040 | 3 Fa | r G | run | Dr. | | | | ľ |
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| STREET ADDRESS | | | | | | 6.3 \$ | TREET | ADDRESS | | | | | | | | |] |
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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.