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

DOCUMENT # P98000040838

Schedule Earth, INC. LEGAL NEWS CHANNEL, INC.

Principal Place of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90177 017 ***150.00



FORT LAUDERDALE FL 33332 FORT LAUDERDALE FL 33332							
FORT LAUDERDALE FL 33332 FORT LAUDERDA			E FL 33332		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/05/1998		1
6 Oringinal Di	ace of Business	2a. Mailing Address			4 FEI Number	Ar	plied For
-	ace of business	-	Maining (Co. 505		65-0871079		t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				\$8.75	
	#, etc.	<u>├</u>			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
 1	.	⊢ , ′			Trust Fund Contribution	Added 1	
23		28 Zip	Countr				
Zip	Country 25		_	y	 This corporation owes the current year Personal Property Tax. 	∏ Yes	No
24		30		10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	it Registered Agent	8	I Name L	IV. Name and Address of New Register	Too rigoni	
CORPORATION SERVICE COMPANY				I Italile	revin laylor_		
	= -		8:	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>	
1201 HAYS STREET					2704 Oakmont Co	jurt	
TALLAHASSEE FL 32301-2525				3			
			8.	City r		85 Zip 0	Code
				1 60		FL 👸 📆	Code 3332
11 Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abo		eastion authority this statement for the purpos	e of changing its	registered
office or re	egistered agent or both, if the State	of Florida. Such change was aut	horized b	y ine corporatio	on a board of directors, thereby accept the a	ppointment as re	gistered
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Floric		S. 1	lor, President		Į.
SIGNATURE	Millyray	ALL AND MARKET CONTRACTOR OF THE PROPERTY OF T	Keu	i N Ay ent signature require	d when einstaing) DAT	E	
40	Slouture, typed or printed prime of registered age	ID DIRECTORS	13.	ark algitatore require	ADDITIONS/CHANGES TO OFFICER		DRS IN 12
12.	OFFICERSAN	DELETE	1.1 TITLE		ADDITIONO/ALTOES TO STATE	Change	☐ Addition
TITLE	TAVI OD VENIMI		1.2 NAME				_
NAME.	TAYLOR, KEVIN						
STREET ADDRESS	2704 OAKMONT COURT			ET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33332		1.4 CITY-	ST-ZIP		Change	☐ Addition
TITLE	☐ DELETE		2.1 TITLE			□ change	
NAME			2.2 NAME				ĺ
STREET ADDRESS	•		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP		<u></u>	2. 4 CITY	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			1
			3.4. CITY	i			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	<u> </u>		☐ Change	Addition
		<u></u>	4. 2 NAMI	.			
NAME				i			•
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		C on the	4.4 CITY-			☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE	I		Change	L AUGUON
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	:			J
STREET ADDRESS			6.3 STRE	ET ADDRESS			j
STREET ADDRESS							

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/s 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:

RE REQUIRED