## 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 # P98000052128

1. Corporation Name

MEDIA CLEARINGHOUSE, INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90105 043 \*\*\*150.00



Principal Place	of Business	Mailing Address				
•	e. North. Ste. C-1	10575 68TH AVE. NOI SEMINOLE FL 33772	rth, Ste. C-1			
SERIINGEE IE SOFFE						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/08/1998
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applied For
21		26				65-0867577   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc	h			5. Certificate of Status Desired Fee Required
		27 City & State	State			
City & State		28				6. Election Campaign Financing Trust Fund Contribution Added to Fees
			Country			8. This corporation owes the current year Intangible
24 25 29			30	•		Personal Property Tax. ☐ Yes ☑ No
	9. Name and Address of Curren			T		10. Name and Address of New Registered Agent
	<u> </u>			81	Name	
	s, Phillip J			82	Stroot Addro	ress (P.O. Box Number is Not Acceptable)
10575 68TH AVE. NORTH, STE. C-1				62	Street Addre	ESS (F.O. DOX Number is Not Acceptable)
SEMI	NOLE FL 33772			83	_	
				84	Cis.	85 Zip Code
					City	FL   ~
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.</li> </ol>					named corpo ne corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
	,,,,					,
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent s	ignature required	ed when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			TE 1,1 T	TILE		☐ Change ☐ Additi
NAME	DAVIS, PHILLIP J		1.2 N	IAME		
STREET ADDRESS	10575 68TH AVE. NORTH, STE	:. C-1	1.3 8	STREET A	DORESS	
CITY-ST-ZIP				1.4 CITY-ST-ZIP		
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NAME	DAVIS, PHILLIP J	_ <b>_</b> .	2.2 N	IAME	ĺ	
STREET ADDRESS	10575 68TH AVE. NORTH, STE	E. C-1	2.3 9	STREET A	DORESS	
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NAME				NAME	P002500	
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NAME				STREET A	DDRESS	•
STREET ADDRESS				CITY-ST-		
CITY-ST-ZIP		DELE		MILE		☐ Change ☐ Additi
NAME				NAME		•
STREET ADDRESS			1	STREET A	DORESS	
1				CITY-ST-2	1	
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 supplied ental 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 of the receipt to 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 of any attaching my with an address with all other like empowered.

**SIGNATURE:** 

AND OF SIGNING OFFICER OR DIRECTOR