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 # P98000058264

KING COMMUNICATION CENTER, INC.

| 5 | | | | | | 18 18 18 18 18 18 18 18 18 | B) } |
|---|--|-------------------------------------|--|--|---|------------------------------------|-----------------------|
| Principal Place | e of Business | Mailing Address | | | | | |
| 780 NW 79-8T MIAMI FL 3315 | | MIAMI FL 33150 | DO NOT MIDITE IN THIS SPACE | | | | |
| 760 N | W. 79 Street | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| ' | Pi 33/52 | | | | 06/30/1998 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Ap | plied For |
| 21 760 | NW 79 strut | 26 760 NW | , 79 | Struc | 65-0846955 | No | t Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A Fee Re | |
| City & State | 9 | City & State | | | 6 Election Campaign Financing | \$5.00 | May Be |
| 23 11.6 | | 28 19.6 ~. | PE | | Trust Fund Contribution | Added t | , , |
| Zip | Country | Zip | | untry USA | This corporation owes the current year Personal Property Tax. | Intangible | □No |
| 24 . 55/ | | _ | 30 | 1 774 | 10. Name and Address of New Register | | |
| | 9. Name and Address of Current | Registered Agent | | 81 Name | iv. Name and Address of New Register | Afeitt | |
| EIGL | IMAN, YALE | | | or Name | | | |
| | 20 SW 74 PLACE | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | | ĺ |
| | MI FL 33157 | | | <u></u> | | | |
| MIA | MI FL 33137 | | | 83 | | | ļ |
| | | | | 84 City | | 85 Zip (| Code |
| | | <u></u> | | | _ | <u> </u> | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Stat | utes, the a | above-named cor | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap | ot changing its pointment as re | registered |
| office or r | egistered agent, or both, in the State to m familiar with, and accept the obligat | ions of, Section 607.0505, F | lorida Sta | tutes. | monto board of directors. The easy assesses are ap- | | |
| SIGNATURE | | | | | | * | ĺ |
| DIGITATORE | Signature, typed or printed name of registered agent | | | | | | |
| | | | | d Agent signature requi | red when reinstating) DATE | AND DIDECTO | DC IN 12 |
| 12. | OFFICERS ANI | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | | |
| 12. | OFFICERS ANI | | 13. 1.1 T | TILE V | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | PRS IN 12 Addition |
| | OFFICERS ANI D FISHMAN, YALE J | DIRECTORS | 13. 1.1 T 1.2 N | TILE V | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | OFFICERS ANI D FISHMAN, YALE J 15320 SW 74 PLACE | DIRECTORS | 13. 1.1 T 1.2 N | TILE V | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE NAME | OFFICERS ANI D FISHMAN, YALE J | D DIRECTORS DELETE | 13. 1.1 T 1.2 N 1.3 S 1.4 C | ITLE V IAME STREET ADDRESS A | ADDITIONS/CHANGES TO OFFICERS TICE PRES Kevin W Kirly 2011 Van Burch 34 40/4wad FL 33020 | · Change | Addition |
| TITLE NAME STREET ADDRESS | OFFICERS ANI D FISHMAN, YALE J 15320 SW 74 PLACE | DIRECTORS | 13. 1.1 T 1.2 N 1.3 S | TITLE VAME TREET ADDRESS TITY-ST-ZIP TITLE | ADDITIONS/CHANGES TO OFFICERS TICE PRES Kevin W Kirky 201, Van Burch 34 Hollyward FL 33020 PRES | | |
| NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS ANI D FISHMAN, YALE J 15320 SW 74 PLACE | D DIRECTORS DELETE | 13. 1.1 T 1.2 N 1.3 S 1.4 C | TITLE VAME TREET ADDRESS TITY-ST-ZIP TITLE | ADDITIONS/CHANGES TO OFFICERS TICE PRES Kevin W Kirky 201, Van Burch 34 Hollyward FL 33020 PRES | · Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS ANI D FISHMAN, YALE J 15320 SW 74 PLACE | D DIRECTORS DELETE | 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N | TITLE VAME TREET ADDRESS TITY-ST-ZIP TITLE | ADDITIONS/CHANGES TO OFFICERS TICE PRES Kevin W Kirky 201, Van Buren 54 Hollyword FL 33020 PRES Edwin Huertas 1630 5W 3654 | · Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS ANI D FISHMAN, YALE J 15320 SW 74 PLACE | D DIRECTORS DELETE | 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S | TITLE VAME TREET ADDRESS TITY-ST-ZIP TITLE | ADDITIONS/CHANGES TO OFFICERS TICE PRES Kevin W Kirky 201, Van Burch 34 Hollyward FL 33020 PRES | Change Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS ANI D FISHMAN, YALE J 15320 SW 74 PLACE | D DIRECTORS DELETE | 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S | ITLE VIAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS VITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS TICE PRES Kevin W Kirky 201, Van Buren 54 Hollyword FL 33020 PRES Edwin Huertas 1630 5W 3654 | · Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS ANI D FISHMAN, YALE J 15320 SW 74 PLACE | D DIRECTORS DELETE . DELETE | 13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.41 | ITLE VIAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME STREET ADDRESS VITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS TICE PRES Kevin W Kirky 201, Van Buren 54 Hollyword FL 33020 PRES Edwin Huertas 1630 5W 3654 | Change Change | Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS ANI D FISHMAN, YALE J 15320 SW 74 PLACE | D DIRECTORS DELETE DELETE DELETE | 13. 1.1T 12.N 1.3S 1.4.C 2.1T 2.2N 2.3S 2.41 3.1T 3.2N 3.4.4 4.1T 4.21 4.3S 4.4C 5.1T 5.2N | ITILE IAME TREET ADDRESS ITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE IAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS STY-ST-ZIP ITILE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE | ADDITIONS/CHANGES TO OFFICERS TICE PRES Kevin W Kirky 201, Van Buren 54 Hollyword FL 33020 PRES Edwin Huertas 1630 5W 3654 | Change | Addition Addition |
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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.

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-691-2274

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90006 034 ***150.00

| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | NOTE: Re | gistered Agent signature r | required when reinstating) | DATE | |
|----------------|--|----------|-----------------------------|----------------------------|---------------------|------------|
| 12. | OFFICERS AND DIRECTORS | <u>_</u> | 13. | ADDITIONS/CHANGES TO C | FFICERS AND DIRECTO | |
| TITLE | D | DELETE | 1.1 TITLE | VICE PRES | · Change | Addition |
| NAME | FISHMAN, YALE J | | 1.2 NAME | Kevin Water | • | |
| STREET ADDRESS | 15320 SW 74 PLACE | | 1.3 STREET ADDRESS | 2201, Van Buren 54 | | - |
| CITY-ST-ZIP | MIAMI FL 33157 | | 1.4 CITY-ST-ZIP | Hollywood FL 330. | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | PRES | . Change | ddition |
| NAME | | | 2.2 NAME | Edwin Huertas | • | |
| STREET ADORESS | • • | | 2.3 STREET ADDRESS | 4630 5W 3656 | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | Hollywood FL 330) | <u>-3</u> | |
| TITLE | | DELETE | 3.1 TITLE | · / | Change | ☐ Addition |
| NAME | | _ | 3.2 NAME | | • | |
| STREET ADDRESS | | | -3.3-STREET.ADD <u>RESS</u> | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change | Addition |
| NAME | | | 4. 2 NAME | | | 1 |
| STREET ADDRESS | | | 4.3 STREET ADORESS | | | |
| CITY-ST-ZIP | | | 4.4 CfTY-ST-ZIP | | | C Addison |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change | Addition |
| NAME | - / | | 5.2 NAME | } | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | * | | 5.4 CITY-ST-ZIP | | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 6.1 TITLE | 1 | ☐ Change | ☐ Addition |
| NAME | · | | 6.2 NAME | } | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |