

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90063 031 ***150.00

DOCUMENT # P98000061612

1. Corporation Name

WAPITI COMMUNICATIONS, INC.

Principal Place of Business

4743 N.W. 98TH PLACE
MIAMI FL 33178

Mailing Address

4743 N.W. 98TH PLACE
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

650855180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2270 Nova Village Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 2270 Nova Village Dr.
Suite, Apt. #, etc.

City & State

23 Davie FL

City & State

28 Davie FL

Zip

24 33317

Country

25 Broward

Zip

29 33317

Country

30 Broward

9. Name and Address of Current Registered Agent

MATTHEWS, BRIAN
4743 N.W. 98TH PLACE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name Brian Matthews

82 Street Address (P.O. Box Number is Not Acceptable)

83 2270 Nova Village Drive

84 City Davie

FL

85 Zip Code

33317

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

Brian Matthews

Brian Matthews

President

1-10-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE
NAME MATTHEWS, BRIAN
STREET ADDRESS 4743 N.W. 98TH PLACE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition
1.2 NAME Brian Matthews
1.3 STREET ADDRESS 2270 Nova Village Drive
1.4 CITY-ST-ZIP Davie, FL 33317

2.1 TITLE Y ☐ Change ☒ Addition
2.2 NAME Guadalupe Matthews
2.3 STREET ADDRESS 2270 Nova Village Drive
2.4 CITY-ST-ZIP Davie, FL 33317

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Brian Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-10-99

(954) 236-5113

Date

Daytime Phone #

CR2E034 (11/98)