


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90137 045 ***158.75

0084450

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000065932					
1. Corporation Name TAKE THREE MEDIA, INC.					
Principal Place of Business 1216 GINA CT APOPKA FL 32703			Mailing Address PO BOX 162813 ALTAMONTE SPRINGS FL 32716-2813		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2185 S. Conway Rd		26 2185 S. Conway Rd.		07/24/1998	
22 Suite, Apt. #, etc. # 1506		27 Suite, Apt. #, etc. # 1506		4. FEI Number 59-3528436	
23 City & State Orlando, FL		28 City & State Orlando, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32812		29 Zip 32812		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FERLAINO, PINA M 1216 GINA CT APOPKA FL 32703			10. Name and Address of New Registered Agent		
			81 Name Gerald J. Johns, Jr.		
			82 Street Address (P.O. Box Number is Not Acceptable) 2185 S. Conway Rd		
			83 # 1506		
			84 City Orlando		
			85 Zip Code FL 32812		
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 <u>Gerald J. Johns, Jr</u> <u>President</u> <u>2/1/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <u>President</u> <input checked="" type="checkbox"/> DELETE			1.1 TITLE <u>President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <u>Ferlaino, Pina M.</u>			1.2 NAME <u>Gerald J. Johns, Jr</u>		
STREET ADDRESS <u>1216 GINA CT</u>			1.3 STREET ADDRESS <u>2185 S. Conway Rd. # 1506</u>		
CITY-ST-ZIP <u>APOPKA, FL 32703</u>			1.4 CITY-ST-ZIP <u>Orlando, FL 32812</u>		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

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: Gerald J. Johns, Jr 2/1/99 407-737-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #