

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90043 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000078263

1. Corporation Name
SAAX MEDIA, INC.

Principal Place of Business
6375 4TH AVENUE SOUTH
ST. PETERSBURG FL 33707

Mailing Address
6375 4TH AVENUE SOUTH
ST. PETERSBURG FL 33707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1998 / 59-3551501	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. FEI Number 59-3551501	26. 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	

9. Name and Address of Current Registered Agent

ROSE, BRENT
405 CENTRAL AVE, STE 201
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	SABLOWSKI, AXEL	
STREET ADDRESS	6375 4TH AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG 33707 FLA	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	SABLOWSKI, PETA	
STREET ADDRESS	6375 4TH AVE. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG 33707 FLA	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	☐ Change ☐ Addition
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 a title like empowered.

SIGNATURE: Axel Sablowski Peta Sablowski Date 17.7.34.56.198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR
AXEL SABLOWSKI PETA SABLOWSKI

Block 4 FEI 59-3551501

CR2E034 (1/98)