073019[illegible]90001-050-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 05/1/1999: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90001 050 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000078604

1. Corporation Name

NEW MEDIA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1108 LISBON ST. CORAL GABLES FL 33134	1108 LISBON ST. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1998

2. Principal Place of Business	2a. Mailing Address
21 1401 MADISON St.	26 1401 MADISON ST.
Suite, Apt. #, etc. 22 APT. 7	Suite, Apt. #, etc. 27 APT 7
City & State 23 HOLLYWOOD, FL	City & State 28 Hollywood, FL
Zip 24 33020 Country 25 BROWARD	Zip 29 33020 Country 30 BROWARD

4. FEI Number: 65-0872581 ☐ 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. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAROSA, LINDA ~~1108 LISBON ST.~~ [redacted] ~~CORAL GABLES FL 33134~~	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable): 1401 MADISON ST. #7 B3 B4 City: HOLLYWOOD FL B5 Zip Code: 33020

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: [signature] DATE: 7/22/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LINDA LA ROSA		1.2 NAME		
STREET ADDRESS	1401 MADISON ST #7		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: [signature] 7/22/99 (954)9202566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #