

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**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90100 001 \*\*\*150.00

**DOCUMENT # P98000083584**

1. Corporation Name  
**MEDIA INFORMATION GROUP, INC.**

Principal Place of Business  
**5800 BEACH BOULEVARD #203-329  
JACKSONVILLE FL 32207**

Mailing Address  
**5800 BEACH BOULEVARD #203-329  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/24/1998**

4. FEI Number  
**59-3535219**

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

**314 2ND AVENUE SOUTH**

Suite, Apt. #, etc.

**SUITE 201**

City & State

**JACKSONVILLE BEACH, FL**

Zip

**32250**

Country

**U.S.A.**

2a. Mailing Address

**314 2ND AVENUE SOUTH**

Suite, Apt. #, etc.

**SUITE 201**

City & State

**JACKSONVILLE BEACH, FL**

Zip

**32250**

Country

**U.S.A.**

9. Name and Address of Current Registered Agent

**FAIRBANKS, RANDAL C  
217 PONTE VEDRA PARK DRIVE  
SUITE 200  
PONTE VEDRA BEACH FL 32082**

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. I 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BOSWORTH, JONATHAN W**

STREET ADDRESS **5800 BEACH BOULEVARD #203-329**

CITY-STATE-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **KAMISH, PENNY M**

STREET ADDRESS **5800 BEACH BOULEVARD #203-329**

CITY-STATE-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME **BOSWORTH, JONATHAN W**

1.3 STREET ADDRESS **314 2ND AVENUE SOUTH, SUITE 201**

1.4 CITY-STATE-ZIP **JACKSONVILLE BEACH, FL 32250** ☒ Change ☐ Addition

2.1 TITLE **VP/D**

2.2 NAME **KAMISH, PENNY M**

2.3 STREET ADDRESS **314 2ND AVENUE SOUTH, SUITE 201**

2.4 CITY-STATE-ZIP **JACKSONVILLE BEACH, FL 32250** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99**  
Date

**(904) 396-7001**  
Daytime Phone #

CR2E034 (11/98)