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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000085729

1. Corporation Name

VIRTUAL MOTION BROADCASTING, INC.

		·		 		(1818 1811 188)	
Principal Place of Business Mailing Address				1 (SOUTH DE LIA DE LECTION DE LE CONTROL DE		***** **** ****	
265 SOUTH FEDERAL HIGHWAY 265 SOUTH FEDERAL HIGHW			HWAY				
SUITE 222		SUITE 222	SUITE 222		20 1127 1177777 11 7117 271 27		
DEERFIELD BEACH FL 33441		DEERFIELD BEACH FL 33441			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 10/07/1998			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26		L	I No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional	
22		27		J. Certificate of Status Desired L	Fee Re	quired	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country	8. This corporation owes the current	· <u>-</u>	_	
24	25	29	30	Personal Property Tax.		□No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	istered Agent		
coc	ENE DIOMADO D D A		81 Name	homan maling	ski P.A		
	ENE, RICHARD P P.A.		82 Street Add	Iress (P.O. Box Number is Not Acceptable	db-11_1_1 })	`	
	EAST SUNRISE BLVD.			03 Biscoure B	iva .		
	£ 905		83	1. H 200			
FOR	T LAUDERDALE FL 33304			e FOCO	85 Zip C	`ode	
	-		84 City A	entra	FL 85 Zip C	170	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the pur	pose of changing its	registered	
office or n	egistered agent, or both, in the Stat	te of Florida, Such change was a	uthorized by the corporate	tion's board of directors. I hereby accept the	ne appointment as rec	gistered	
	in ramiliar with, and accept the oblig	gauoris or Scotton of 1905, Flo	TIOG SIGIOIOS.		1- 20	a 0	
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating)	DATE	-7-7	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME [SULLIVAN, PATRICK		1.2 NAME	seff Tyller	· ===		
STREET ADDRESS	265 SOUTH FEDERAL HIGHV	VAY, SUITE 222	1.3 STREET ADDRESS 20	p5 S. Federal Huy #133	50		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 CITY-ST-ZIP	eerfield Bch., FL331	441		
TITLE		DELETE	2.1 TITLE	The Delivery of the State of th	Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
			2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME		<u></u>	3.2 NAME		*		
			3.3 STREET ADDRESS				
STREET ADDRESS			a 1				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition	
TITLE							
NAME	•		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		Deciete	4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Chanca	Addition	
TITLE		☐ DELETE	5.1 TITLE		☐ Change		
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				

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 suppliemental 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 attackprint with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)