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PROFIT CORPORATION * ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000096597**1. Corporation Name

MEDLEY STATION, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90001 018 ***150.00



Principal Place	e of Business	Mailing Address				PHI 0011) 00110 10140 01191 01111	
711 WEST 16TH STREET HIALEAH FL 33010 711 WEST 16TH STREET HIALEAH FL 33010			•		•		
						TE IN THIS SPACE	
ı					3. Date Incorporated or Qualifed 11/13/1998		
2. Principal P	lace of Business	2a. Mailing Addre	ess		4. FEI Number		oplied For
21	· .	26				€ No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	1 1	Additional equired
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	1 1	May Be to Fees
Zip	Country 25	Zip	Co.	untry	This corporation owes the cur Personal Property Tax.	rent year Intangible	Ľ No
	9. Name and Address of Current	Registered Agent	' '	T	10. Name and Address of New	Registered Agent	
		A State Stat		81 Name			
	ER, SCOTT A			82 Street Add	dress (P.O. Box Number is Not Accept	able)	
	BRICKELL AVENUE PH-1			0.0007100		e i la Salata el	et to care
MIAN	VII FL 33131	•		83			
				84 City		E1 85 Zip	Code
44 Dureuant	to the provisions of Sections 607.0502	and 607 1508 Florid	ta Statutes, the a	 above-pamed con	poration submits this statement for the	purpose of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such chang	ge was authorize	ed by the corporat	ion's board of directors. I hereby acce	pt the appointment as re	gistered
agent. i a	in lamiliar with, and accept the obligation	oris 01, 0000011 00710	Jouo, Fiorida Sta	tutes.			
agent. I a SIGNATURE	,				red when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent in OFFICERS AND	and title if applicable.		d Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OF		DRS IN 12
_	Signature, typed or printed name of registered agent (and title if applicable. DIRECTORS	(NOTE: Registere	d Agent signature requir			DRS IN 12
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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 on an attachment with an address, with all other like empowered.