FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	1999	DIVISION OF CO	ORPORAT	IONS		30 LEB - P. LUIS.	₹ G	
DOCU	MENT # P98000	106035				- SW	űĒ.	
1. Corporation Name FLASHNET CORPORATION					SECRETARY OF STA	NDA		
FLASHIN	I CORPORATION					(185035) 115 (816) (810) 6510 6510 8610 8616 (1		0 (0)01 0 110 1007
) '	e of Business	Mailing Address						
C/O PAUL SISKA 905 BRICKELL BAY DR., STE, 928 MIAMI FL 33131 C/O PAUL SISKA 905 BRICKELL BAY DR., STE, 928 MIAMI FL 33131						1		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
A 84 1 15		TATE OF THE PARTY				12/22/1998	· ····································	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	#	Applied For Not Applicable
26 26							·	Additional
27						5. Certificate of Status Desired	•	Required
	City & State City & State					6. Election Campaign Financing	\$5.00) Мау Вв
23	28					Trust Fund Contribution	Added	to Fees
Zip	Country Zip Cou					8. This corporation owes the current year		SAIN.
24	9. Name and Address of Curren	29 3	<u> </u>			Personal Property Tax. 10. Name and Address of New Register	Yes	XINo
	S. Name and Address of Conten	it itegratered Agent	81	Nar	ne	Te. Harib allo Additos of the Hospital	- Corngoin	
	A, PAUL		82		at Addra	os (D.O. Pay Alumber is Not Accordable)		
905 BRICKELL BAY DR., STE. 928				306	et Adores	et Address (P.O. Box Number is Not Acceptable)		
MIAM	II FL 33131		83					
1			84	City	,		85 Zip	Code
		6		1			- L	
11. Pursuant office or a	to the provisions of Sections 607.050, registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was auti	i, the abovi horized by	i-nam the co	ed corpor orporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	e of changing its opointment as r	s registered egistered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	la Statutes		•	•		
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE R	egistered Ager	t signati	ore required y	when ruinstating) DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D	[] DELETE	1.1 TOLE		ĺ		[] Change	[] Add-tion
NAME					l l			į
			13 STREET		SS	60000276	454E	;s
CITY-ST-ZIP TITLE	MIAMI FL 33131	[] DELETE	1.4 CiTY-S	ZIP			[] Change	
NAME		(_) occur	22 NAME				El ca.g.	2,,,
STREET ADDRESS			23STREET	ADDRE	ss			}
CITY-ST-ZIP			2 4 City-S					{
TITLE	[] DELETE 317						[] Change	Addition
NAME			3 2 NAME		Ì			}
STREET ADDRESS	:		33STREET	ADDRE	ss			
CITY-ST-ZIP		Figure	3.4. CITY-S	T-ZIP	.		F-3 AL	F-1 A 3 2 2 2 2
TITLE	[:] DELETE 4.1 TI				1		[]] Change	Addition
NAME			4 2 NAME	ልስቦውና	ce			
STREET ADDRESS:			4.3 STREET		***		. ^	1
TITLE				1.4 CITY-ST-ZIP 5.1 TITLE			Change	△ ☐ Addition
NAME			5.2 NAME		{		$\mathcal{J}\mathcal{I}_{i,1}\mathcal{J}_{i}$	U I
STREET ADDRESS		1	5.3 STREET	ADOKE:	ss		247	' Ì
CITY-ST-ZIP			54 C/TY-S1	-ZiP			し '	
TITLE		[] DELETE	61 TITLE		1		Change	[] Addition
NAME			6.2 NAME	Abore				
STREET ADDRESS			63 STREET		5 8			}
CITY-ST-ZIP			64 CITY-51	- 212	L			

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this fitting 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 supplied 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 their prejujer 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 or an all prejujer 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 or an all prejujer or trustee empowered.

SIGNATURE:

February 2, 19 (Sar) 372-2780





ACCOUNT NO. : 072100000032

REFERENCE

123581

4303929

AUTHORIZATION

COST LIMIT

\$ 150.00

ORDER DATE: February 4, 1999

ORDER TIME :

10:19 AM

ORDER NO. : 123581-005

CUSTOMER NO:

4303929

CUSTOMER: Ms. Yolanda Rodriguez

Greenberg Traurig 1221 Brickell Avenue

20th Floor

Miami, FL 33131

ANNUAL REPORT FILING

NAME: FLASHNET CORPORATION

ANNUAL REPORT <u>XX</u>

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS: