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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S51686

(1)

MEDIA INNOVATIVE TECHNOLOGIES, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address \$3\$1-39TH ST N P.O. BOX 7454 SUITE 220 ST PETERSBURG FL 33734-7 PINELLAS PARK FL 34665 US 2. Principal Place of Business 2a. Mailing Address 21 26 Suite. Apt. #, etc Suite. Apt. #, etc 22 27 City & State Crty & State					DO NOT WRI	4. FEI Number Applied For Not Applicable 59-3076862 S8.75 Additional Fee Required			
Zip Country		28 Ζιρ	Con	ntrv	Trust Fund Contribution	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible			
24	25 29 30		├ ──		, ·	Personal Property Tax due June 30. Yes No			
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			Agent]
LAMBOON, THOMAS RANDALL SUITE 220 6351-39TH ST N PINELLAS PARK FL 34665				81 Name 82 Stree 83	ne et Address (P.O. Box Number is Not Acceptable)			-	
				84 City		FL	85 Zip	Code	
office or re agent. I an SIGNATURE	o the provisions of Sections 607.0 agistered edgest, or both, in the Standardilla with and accept the obline of the standard o	ate of Florida. Such change ligations of, Section 607.05 AS R. LAMBROD	was authorized 05, Florida State	by the co ites.	d corporation submits this statement for the orporation's board of directors. I hereby account are required when reinstating)	Durnose of	changing in pintment as	ts registered registered	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND			6
TITLE	PST	☐ DELET					Change	Addition Addition	E
NAME	LAMBDON, THOMAS RANDALL		1.2 NA		•				经
STREET ADDRESS CITY-ST-ZIP	Suite 220 6351-39TH ST N Pinellas Park Fl			REET ADORESS Y - ST - ZIP	;				CR2E034 (10/97
TITLE	D	DELET					Change	Addition	ქნ
NAME	LAMBOON, THOMAS RAND	ALL	2.2 NA						
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TITLE		☐ DELET	E 31 TIF	LE			Change	Addition	1
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NAME OTREET AROBECC			4. 2 N ³	.me Reet adoress					
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CITY-ST-ZIP TITLE		DELE1		Y-S1-2IP .E	 		☐ Change	Addition	-
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TITLE		☐ DELET					Change	Addition	1
NAME			6.2 NAI	ИE					1
STREET ADDRESS			63 ST	EET ADDRESS					
CITY-ST-ZIP			6.4 CII	Y-ST-ZIP	<u> </u>				
14. I hereby co	ertify that the information supplied	with this filing does not qu	alify for the exer	nption stal	ted in Section 119.07(3)(i), Florida Statutes.	I further ce	rtify that the	information	7

indicated on this annual report or supplies with this ming does not qualify for the exemption stated in section 119.07(3)(i), fronds statutes. 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 organization with an address.

THE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR