


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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90021 012 ***150.00

0219224

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S58647					
1. Corporation Name FIRST MEDIA GROUP, INC.					
Principal Place of Business 1320 S. DIXIE HIGHWAY SUITE 750 CORAL GABLES FL 33146			Mailing Address 1320 S. DIXIE HIGHWAY SUITE 750 CORAL GABLES FL 33146		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6900 Yumuri St		26 6900 Yumuri St		06/07/1991	
22 Suite, Apt. #, etc. Second Floor		27 Suite, Apt. #, etc. Second Floor		4. FEI Number 65-0270392	
23 City & State Coral Gables, FL		28 City & State Coral Gables, FL		Applied For Not Applicable	
24 Zip 33146		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THOMSON, PARKER D. ONE SOUTHEAST THIRD AVENUE SUITE 1700 MIAMI FL 33131				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
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	DPST	<input type="checkbox"/> DELETE			
NAME	DALY, MARGARET T				
STREET ADDRESS	1320 S. DIXIE HWY., SUITE 750				
CITY-ST-ZIP	CORAL GABLES FL 33146				
TITLE	DVP	<input checked="" type="checkbox"/> DELETE			
NAME	MARTELL, IVAN				
STREET ADDRESS	1320 S. DIXIE HWY., SUITE 750				
CITY-ST-ZIP	CORAL GABLES FL 33146				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	THOMSON, PARKER D				
STREET ADDRESS	ONE S.E. THIRD AVENUE, SUITE 1700				
CITY-ST-ZIP	MIAMI FL 33131				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	6900 Yumuri St - Second Floor				
1.3 STREET ADDRESS	Coral Gables, FL 33146				
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)