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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90021 012 ***150.00

| DOCUMENT # | S58647 |
|-------------------|--------|
| 1 Compretion Name | 000077 |

CORAL GABLES FL 33146

ONE S.E. THIRD AVENUE, SUITE 1700

THOMSON, PARKER D

MIAMI FL 33131

Corporation Name

| FIRST MEDIA GROUP, INC. | | | | | | | |
|--|--|---|---------------------------------------|----------------|--|---|--|
| Principal Place | e of Business | Mailing Address | | | | # | |
| 1320 S. DIXIE I SUITE 750 CORAL GABLES | HIGHWAY | 1320 S. DIXIE HIGHWAY SUITE 750 CORAL GABLES FL 33146 | | | 3. Date Incorporated or Qualifed | S SPACE | |
| 2. Principal Pl | Vumuri ST | 2a. Mailing Address . | St | | 06/07/1991 4. FEI Number 65-0270392 | Applied For Not Applicable | |
| Suite, Apt. | #, etc., /-/-0 | Suite Apt. #, etc. | loor | | Certificate of Status Desired | \$8.75 Additional Fee Required | |
| C/fly & State | Gables, FL | 28 Coral Gable | es, F | -(| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 331 | 46 25 USA | Zip 33146 30 | Country | 5A_ | This corporation owes the current year In Personal Property Tax. | Yes □No | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered | Agent | |
| | MOON BIDWED D | | 81 | Name | • | | |
| THOMSON, PARKER D. | | | 82 | Street / | eet Address (P.O. Box Number is Not Acceptable) | | |
| 1 | SOUTHEAST THIRD AVENUE | | | | | | |
| 1 | E 1700 | | 83 | | | • | |
| MIAN | /II FL 33131 | | 84 | City | F1 | 85 Zip Code | |
| i office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation | f Florida. Such change was auth | orized by | tne corpo | corporation submits this statement for the purpose o oration's board of directors. I hereby accept the appo | changing its registered intment as registered | |
| SIGNATURE | | | | | equired when reinstation) DATE | | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | 13. | L SIGNATURE FO | odanda mian iomowanigy | ND DIRECTORS IN 12 | |
| TITLE | DPST | DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | DALY, MARGARET T | <u> </u> | 1.2 NAME | | · / | / / / | |
| | **** A BUME (BAR) ALUTE SES | \ | | ADDRESS | Lann Vimuri St - 20 | and Moor | |
| STREET ADDRESS | CORAL GABLES FL 33146 | , | 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | 6900 YUMURI ST - Sec Coral Gables, F4 33, | 146 | |
| CITY-ST-ZIP | DVP | ₩ DELETE | 2.1 TITLE | I-ZIF | College Carolice / 1 | ☐ Change ☐ Addition | |
| | ₩ 1.5 | X | 2.2 NAME | ļ | | | |
| NAME | Martell, Ivan 1320 S. Dixie Hwy., Suite 750 | \ | 2.3 STREET | AUUBESS | | | |
| STREET ADDRESS | 1320 3. DIAIE NYT., 3011E /30 | , | 2.3 3) REE I | UDDICESS | | • | |

NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP C/TY-ST-ZIP

2.4 CITY+ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

5.1 TITLE

5 2 NAME

4.2 NAME

DELETE

☐ DELETE

☐ DELETE

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, or on an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

OFFICER OR DIRECTOR

☐ Change

☐ Change

Change

☐ Addition

☐ Addition

, Addition