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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

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|--|--|--|---|---|---|---|-------------|
| PROFIT CORPORATION ANNUAL REPORT 1999                          |  | Kathering<br>Secretary   | FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS |   | FILED   |   |             |
| DOCH   | MENT # <b>V255</b>                           | ~  |   | 99  | FEB 23 PM 2   | : 18  |             |
| 1, Corporation   | WIDE MEDIA, INC.                             | 01   |   |   | CRETARY OF ST<br>LAHASSEE FLO                               | TATE<br>ORIDA<br>II <b>iiii iiii iiii iiii iii</b> i ii |             |
| Principal Plac   | e of Business                                | Mailing Address  | -   | 1 (8 8 (8 8 ) 18 (8   | TIONS OLIGE MITTE ESTAL SING MIN                            | in Asbel Asbel Beber bebit bible son                    | đ           |
| 708 182ND AV   | enue e.<br>Hores fl 33708                    | 708 182ND AVENUE E.<br>REDINGTON SHORES FL 337   | ne  |   |   |   |             |
| 2. Principal F   | Place of Business                            | 2a. Mailing Address  | •   | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  03/27/1992  4. FET Number  Applied For |   |   |             |
| 21 300 Hyde pork AVC 26 P 0 BOX Suite, Apt. #, etc. 22 29 0 27 |  |  | 4756  | 59-2747112<br>5. Certificate of Si-   | ntus Desired [ ]  | Not Applicab<br>\$8.75 Additional<br>Fee Required       | e           |
| City & Sta   | / 14C3                                       | City & State  [28] Sem Molt  | FL  | 6. Election Campa<br>Trust Fund Con   |   | \$5.00 May Be<br>Added to Fees                          |             |
| <sup>Zip</sup> り36   | Country  [25] U.S  9. Name and Address of C  | 29 33775 [31   | Country   | Personal Prope  | rowes the current year<br>rty Tax<br>Iress of New Registers | []Yes No  |             |
|  |  | uneili vedistelen Ağem   | 81 Name   | IV. Name and Add  | less of New Registers                                       | au Agent  |             |
|  | a, mark<br>Hyde park avenue s.               |  | 82 Street   | Address (P.O. Box Number  | is Not Acceptable)  |   |             |
|  | 220  |  | 83  |   |   |   | }           |
| TAM  | PA FL 33606                                  |  | 84 City   |   |   | . 85 Zip Code   |             |
|  |  |  | 1. 1  |   | F   | <b>L</b> [ ]  |             |
| office or i  | registered agent, or both, in the 3          | 7.0502 and 607.1508, Florida Statutes,<br>State of Florida, Such change was auth<br>obligations of, Section 607.0505, Florid | iorized by the corpo  | corporation submits this sta<br>pration's board of directors  | teniont for the purpose.<br>Thereby accept the app          | of changing its registered<br>pointment as registered   | ١           |
| SIGNATURE  | Signature, typed or printed name of register |  | grafterer.<br>Sgisterer FAgent signature re   | ause faloure States   | 100   |   |             |
| 12.  |  | S AND DIRECTORS  | <b>13</b> .   |   |   | AND DIRECTORS IN 12                                     |             |
| TITLE  | PD   | [ ] DELETE   | 1 1 7 1 TUE   |   |   | Mehange [ ] Addili                                      | on :        |
| NAME   | BERKENS, MICHAEL H                           |  | 1.2 NAME  | go Box 4<br>Semiloh 1   | 256   |   |             |
| STREET ADDRESS   | 334 S. HYDE PARK AVE.<br>TAMPA FL 33606      |  | 13 STREET ADDRESS   | 90 BOX 4  | 26 33775  | -   | i           |
| CITY-ST-ZIP<br>TITLE   | IAMPA FL 33000                               | [.] DELETE   | 14 CITY-ST-ZIF<br>2 1 TITLE   | Janie O.  |   | [   Change   [   Addit                                  | ով <b>(</b> |
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| NAME   |  | i  | 3.2 NAME  | 90  | nnine ve  |   | a           |
| \$TREET ADORESS  |  |  | 3.3 STREET ADORESS  | Parall Face #   | -02/24/99-  | -01067016   | ^           |
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| TITLE  |  | L. J. DECETE   | 4 1 TI*LF   |   |   | Lieuwide Fleatur  | /"\<br>     |
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| STREET ADDRESS<br>CITY-ST-ZIP                                  |  |  | 44 CiTr-ST-ZiF  |   |   |   |             |
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| NIA NAT  | İ  |  | 6.2 NAME  |   |   | - Y 17 ' 1.   | W ( )       |

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2/17/19 8/3 267 560

1.1. I hereby certify that the information slipplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes of further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signalture 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 13 if chargers, of prima attachment with an address, with all other like empowered.