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

DOCUMENT # V56241

SEMINOLE MEDIA VENTURES, INC.

Principal Place	e of Business	Mailing Addres	55			· ·		
6300 STIRLING RD 6300 STIRLING RD			RD					
HOLLYWOOD FL 33024 HOLLYWOOD FL			L 33024				-	
US		US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/10/1992		
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For
21		26	26			65-0353991		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.7	5 Additional
22		27	27			5. Certificate of Status Desired	Fee	Required -
City & Stat	10		City & State			6. Election Campaign Financing	\$5.0	0 May Be
¬		<u>├</u> ¬ ′	28			Trust Fund Contribution		ed to Fees
23	Country	Zip	C	ountry		8. This corporation owes the current ye	ar Intangible	
Zip		<u> </u>		Jurio y		Personal Property Tax.	⊒ Ýes	2XINo
24	25	29	30			10. Name and Address of New Regist		
	9. Name and Address of Cu	rrent Registered Agen	<u> </u>	81	Name	IV. Maille and Address of New Regist	orea Agent	
500	OLAY EDIO			61	Name			
	ISKY, ERIC			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
) SW 64TH AVE.							<u> </u>
DAV	IE FL 33314			83				
						<u> </u>	Int 7	ip Code
				84	City		FL 85 Z	ib Code
affina ar r	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida, Such cha	ange was authoriz	ea ov	the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Signature, typed or printed name of registered					red when reinstating) DA	TE	
40		AND DIRECTORS	13		il signatoro roqui	ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12
12.				TITLE			Chang	
TITLE	D SHOPE SIM							_
NAME	SHORE, JIM			NAME				
STREET ADDRESS					TADDRESS		-	Ī
CITY-ST-ZIP	HOLLYWOOD FL			CITY-S	T-ZIP	·	Chang	ge Addition
TITLE		L	DELETE 2.1	TITLE			Cland	ge L Addition
NAME			2.2	NAME		•		ì
STREET ADDRESS			2.3	STREE	TADDRESS			
CITY-ST-ZIP			2.4	CITY-S	ST-ZIP	· · · · ·		•
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		_		NAME			•	
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STREET ADDRESS								
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NAME				NAME	[
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NAME		\circ	5.2	NAME				ļ
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CITY-ST-ZIP	/	II 1	5.4	CITY-S	T-ZIP			
TITLE			DELETE 6.1	TITLE			☐ Chan	ge 🔲 Addition
	l . M		6.2	NAME				ļ
NAME / / / / /					T ADDRESS			}
STREET ADDRESS	، <i>الد / ا</i>	III - I	0.0					ļ

14. I hereby certify that the information indicated on this annual report is supplied with this filling 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 is 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 of the receiver on 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 chapted, or in an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90179 032 ***150.00

CR2E034 (11/98)