

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005774 (5)**

1. Corporation Name

MILESTONE MEDIA MANAGEMENT, INC.



Principal Place of Business

~~PINELLAS BLDG. SUITE 220~~
~~8000 KOGER BLVD.~~
~~ST. PETERSBURG FL 33702~~

Mailing Address

~~8401 N 9TH ST~~
~~STE 8970~~
~~ST. PETERSBURG FL 33702~~
~~US~~

2. Principal Place of Business

21 **9600 Koger Blvd.**

22 Suite, Apt. #, etc.
#201

23 City & State
St. Petersburg

24 Zip **FL 33702** Country **Pinellas**

2a. Mailing Address

26 **9600 Koger Blvd.**

27 Suite, Apt. #, etc.
#201

28 City & State
St. Petersburg

29 Zip **FL 33702** Country **Pinellas**

3. Date Incorporated or Qualified
12/21/1993

3a. Date of Last Report
03/22/1995

4. FEI Number

84-1158157

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ENGEL, THOMAS
~~8401 N 9TH ST~~
~~STE 8920~~
~~ST. PETERSBURG FL 33702~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Applicable)
9600 Koger Blvd.
83 **#201**
84 City **St. Petersburg FL** 85 Zip Code **33702**

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 the registered agent)

(If a Registered Agent Signature is not being provided)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> DELETE
NAME	ENGEL, THOMAS H	
STREET ADDRESS	8500 KOGER BLVD, PINELLAS BLDG. SUITE 220	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ENGEL, SHANA	
STREET ADDRESS	8500 KOGER BLVD, PINELLAS BLDG. SUITE 220	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADIGAN, CLARK T	
STREET ADDRESS	2200 WILSON BLVD, SUITE 210	
CITY-ST-ZIP	ARLINGTON VA 22201	
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	
1.3 STREET ADDRESS	9600 Suite 201
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9600 Suite 201
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 checked="" type="checkbox"/> Addition
4.2 NAME	Vice President and Director
4.3 STREET ADDRESS	Michael W Drake
4.4 CITY-ST-ZIP	9600 Koger Blvd #201 St. Petersburg, FL 33702
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 or person 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 attachment with an address.

SIGNATURE **Michael W Drake** **4/11/96** **577-1183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E034 (12/95)