

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 24 AM 11:28**

**DOCUMENT # F94000005597 (9)**

1. Corporation Name  
**DIRECT MEDIA/DM, INC.**

Principal Place of Business Mailing Address  
**200 PEMBERWICK RD.  
GREENWICH CT 06830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/27/1994</b>	3a. Date of Last Report
4. FEI Number <b>13-2962900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., #105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NAME) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FOEHL, ROBERT E
STREET ADDRESS	3 KENSINGTON CT.
CITY - ST - ZIP	OLD GREENWICH CT 06870
TITLE	VD
NAME	BARTKO, MAXIM C
STREET ADDRESS	39 S. BOWMAN DR.
CITY - ST - ZIP	GREENWICH CT 06831
TITLE	VD
NAME	ADAMSBAUM, PAUL
STREET ADDRESS	20 FLAT ROCK DR.
CITY - ST - ZIP	RIDGEFIELD CT 06877
TITLE	VSTD
NAME	BIANCHI, DAVID
STREET ADDRESS	27 LOCUST RD.
CITY - ST - ZIP	GREENWICH CT 06831
TITLE	D
NAME	FLORENCE, DAVID W
STREET ADDRESS	6 HUNTER LANE
CITY - ST - ZIP	RYE NY 10580
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: *Robert E. Foehl* **Robert E. Foehl** 2-15/95 203-532-1000  
Signature of Officer or Director