

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F96000000511**

1. Corporation Name
Reed Brennan Media Associates, Inc.

Principal Place of Business: **660 Shoreview Ave. Winter Park, FL 32789**
Mailing Address: **c/o Corporate Tax Dept. 227 West Trade Street Charlotte, NC 28202**

3. Date Incorporated or Qualified 11/6/95	3a. Date of Last Report N/A
4. FEI Number 13-3858359	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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

9. Name and Address of Current Registered Agent C T Corporation System 1260 South Pine Island Road Plantation, Florida 33324	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 FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert S. Reed	1.2 NAME	
STREET ADDRESS	1850 Via Tuscany	1.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy J. Brennan	2.2 NAME	
STREET ADDRESS	837 Brock Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard F. Cunningham	3.2 NAME	
STREET ADDRESS	235 East 45th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	New York, New York 10017	3.4 CITY-ST-ZIP	
TITLE	Assistant Treasurer <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith A. McCloat	4.2 NAME	
STREET ADDRESS	235 East 45th Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	New York, New York 10017	4.4 CITY-ST-ZIP	
TITLE	Assistant Treasurer <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Gottlieb	5.2 NAME	
STREET ADDRESS	250 West 55th Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	New York, New York 10019	5.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jodie W. King	6.2 NAME	
STREET ADDRESS	959 Eighth Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	New York, New York 10019	6.4 CITY-ST-ZIP	

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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 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: *Stanley Gottlieb* Assistant Treasurer Date: **4/11/96** Daytime Phone # _____

CP2E034 (12/95)