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FILED

**May 15 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F96000000511 (3)

1. Corporation Name
REED BRENNAN MEDIA ASSOCIATES, INC.



Principal Place of Business
**680 SHOREVIEW AVE.
WINTER PARK FL 32789**

Mailing Address
**C/O CORPORATE TAX DEPT.
227 WEST TRADE ST.
CHARLOTTE NC 28202-1675**

3. Date Incorporated or Qualified **01/30/1996** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **13-3858359** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|--|
| TITLE | A/T | <input type="checkbox"/> DELETE |
| NAME | MCCLOAT, KEITH A. | |
| STREET ADDRESS | 235 E. 45TH ST. | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE | A/T | <input checked="" type="checkbox"/> DELETE |
| NAME | GOTTLIEB, STANLEY | |
| STREET ADDRESS | 250 W. 55TH ST. | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | REED, ROBERT S | |
| STREET ADDRESS | 1850 VIA TUSCANY | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BRENNAN, TIMOTHY J | |
| STREET ADDRESS | 837 BROCK ST. | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | KING, JODIE W | |
| STREET ADDRESS | 959 EIGHTH AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CUNNINGHAM, RICHARD F | |
| STREET ADDRESS | 235 EAST 45TH ST. | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | A/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Dionysios Psychogios |
| 2.3 STREET ADDRESS | 227 West Trade Street |
| 2.4 CITY-ST-ZIP | Charlotte, NC 28202 |
| 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 type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 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 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 *Dionysios Psychogios* **D. Psychogios** 4/22/97 704-348-8531

CR2E034 (9/96)