

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90203 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 ST. CHARLOTTE NC 28202
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/30/1996	
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 owes the current year Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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: _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOAT, KEITH A.	1.2 NAME	
STREET ADDRESS	235 E. 45TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	
TITLE	AT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PSYHOGIOS, DIONYSIOS	2.2 NAME	
STREET ADDRESS	227 WEST TRADE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, ROBERT S	3.2 NAME	
STREET ADDRESS	1850 VIA TUSCANY	3.3 STREET ADDRESS	628 Virginia Drive
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, TIMOTHY J	4.2 NAME	
STREET ADDRESS	837 BROCK ST.	4.3 STREET ADDRESS	628 Virginia Drive
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JODIE W	5.2 NAME	
STREET ADDRESS	959 EIGHTH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, RICHARD F	6.2 NAME	VP
STREET ADDRESS	235 EAST 45TH ST.	6.3 STREET ADDRESS	Jeffrey Talbert
CITY-ST-ZIP	NEW YORK NY 10017	6.4 CITY-ST-ZIP	628 Virginia Drive

6.4 CITY-ST-ZIP	Orlando, FL 32803
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14. I 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, with all other like empowered.

SIGNATURE: Dionysios Psychogios D. Psychogios Asst. Treasurer 4/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)