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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 FEB 24 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005865 (8)

1. Corporation Name
EMERALD COAST MEDIA & MARKETING, INC.



Principal Place of Business: 8955 U.S. 98 WEST, STE 105, DESTIN FL 32541
Mailing Address: 8955 U.S. 98 WEST, STE 105, DESTIN FL 32541

3. Date Incorporated or Qualified: 11/12/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 33-0727199
Applied For: [Blank] / 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

2. Principal Place of Business
21 3906 Highway 98 West, Suite, Apt. #, etc.
22 Unit 28, City & State
23 Santa Rosa, CA, Zip
24 32459, Country
2a. Mailing Address
26 P. O. Box 2363, Suite, Apt. #, etc.
27 [Blank], City & State
28 Santa Rosa, CA, Zip
29 32459, Country
30 [Blank]

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
528 E. PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 [Blank]
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: Ed Hand
DATE: 2/24/97

12. OFFICERS AND DIRECTORS
TITLE: CD, NAME: ROSSE, JAMES N, STREET ADDRESS: 17688 FITCH, CITY-ST-ZIP: IRVINE CA 92614
TITLE: P, NAME: SEGAL, JONATHAN, STREET ADDRESS: 17688 FITCH, CITY-ST-ZIP: IRVINE CA 92614
TITLE: S, NAME: WALLACE, RICHARD A, STREET ADDRESS: 17688 FITCH, CITY-ST-ZIP: IRVINE CA 92614
TITLE: V, NAME: KUYKENDALL, DAVID L, STREET ADDRESS: 17688 FITCH, CITY-ST-ZIP: IRVINE CA 92614
TITLE: D, NAME: HARDIE, DOUGLAS R, STREET ADDRESS: 1135 EAST VAN BUREN, CITY-ST-ZIP: BROWNSVILLE TX 78521
TITLE: D, NAME: HOILES, TIMOTHY C, STREET ADDRESS: 27 LAKE AVENUE, CITY-ST-ZIP: COLORADO SPRINGS CO 80906

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: V, NAME: Mike Mullins, STREET ADDRESS: 3906 Highway 98 West, Unit 28, CITY-ST-ZIP: Santa Rosa, CA 32459
21 TITLE: D, NAME: Hardie, Robert C., STREET ADDRESS: Bald Mountain Road, CITY-ST-ZIP: Browns Valley, CA 95918
4.1 TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
5.1 TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]
6.1 TITLE: [Blank], NAME: [Blank], STREET ADDRESS: [Blank], CITY-ST-ZIP: [Blank]

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: [Signature] Rosse, CEO 2/13/97 714/253-2306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)