

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:31

DOCUMENT # **K53287** (4)

1. Corporation Name
MEDIA STRATEGIES, INC.

Principal Place of Business: **% ROBERT BRILLANTE
3992 BOBBIN BROOK CIRCLE
TALLAHASSEE FL 32312**

Mailing Address: **% ROBERT BRILLANTE
3992 BOBBIN BROOK CIRCLE
TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/04/1989** 3a. Date of Last Report: **01/26/1994**

4. FEI Number: **59-2996673** Applied For: Not Applicable:

5. Certificate of Status Disclosed: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Country

2a. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30. Country

9. Name and Address of Current Registered Agent
**BRILLANTE, ROBERT
3992 BOBBIN BROOK CIRCLE
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent
81. Name: *SAME*
82. Street Address (P.O. Box Number is Not Acceptable): *SAME*
83. City: *SAME*
84. City: **FL** 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 1/11/95

Signature subject is printed name of registered agent and does not apply to corporation. Registered Agent subject is registered agent name.

12. OFFICERS AND DIRECTORS

11. TITLE	DP
12. NAME	WILKERSON, STEPHEN E.
13. STREET ADDRESS	811 SUMMERBROOK DRIVE
14. CITY-ST-ZIP	TALLAHASSEE FL
15. TITLE	ST
16. NAME	BRILLANTE, ROBERT J.
17. STREET ADDRESS	3992 BOBBIN BROOK CIRCLE
18. CITY-ST-ZIP	TALLAHASSEE FL
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	

Remove no longer with company

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

31. TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Brillante, Robert J.	
33. STREET ADDRESS	3992 Bobbin Brook Cir	
34. CITY-ST-ZIP	Tallahassee FL 32312	
35. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		
37. STREET ADDRESS		
38. CITY-ST-ZIP		
39. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME		
41. STREET ADDRESS		
42. CITY-ST-ZIP		
43. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME		
45. STREET ADDRESS		
46. CITY-ST-ZIP		
47. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
48. NAME		
49. STREET ADDRESS		
50. CITY-ST-ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and it does not qualify for the exemption stated in s. 607.0502(1)(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 bind me to the same legal effect as if made under oath, that I was 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.

SIGNATURE: *[Signature]* 1/11/95

Signature and typed or printed name of signing officer or director

1/11/95 204/893-8647