

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N48890 (0)**

1. Corporation Name  
**TERRA INCOGNITO PUBLISHING CORPORATION**



Principal Place of Business  
**14 E. UNIVERSITY AVE  
SUITE 206  
GAINESVILLE FL 32601**

Mailing Address  
**14 E. UNIVERSITY AVE  
SUITE 206  
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified  
**05/15/1992**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-3132760**

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 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

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

30

9. Name and Address of Current Registered Agent  
**HILL, TIMOTHY J.  
14 E. UNIVERSITY AVE  
SUITE 206  
GAINESVILLE FL 32601**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating.)  
DATE **2/2/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITWORTH, COLIN	
STREET ADDRESS	2102-A NW 7TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PODOLSKY, MIKE	
STREET ADDRESS	911 NE 3RD AVE. #1	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HILL, TIMOTHY	
STREET ADDRESS	911 NE 3RD AVE. #1	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KEMP, MICHAEL D	
STREET ADDRESS	1521 NW 7TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSS, AMY	
STREET ADDRESS	911 NE 3RD AVE. #1	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AMY PODOLSKY	
1.3 STREET ADDRESS	911 NE 3RD AVE #1	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32601	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIMOTHY HILL	
2.3 STREET ADDRESS	911 NE 3RD AVE. #1	
2.4 CITY-ST-ZIP	GAINESVILLE FL 32601	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COLIN WHITWORTH	
3.3 STREET ADDRESS	2102-A NW 7TH ST.	
3.4 CITY-ST-ZIP	GAINESVILLE FL 32609	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIKE PODOLSKY	
4.3 STREET ADDRESS	911 NE 3RD AVE #1	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
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	600001905196	
6.3 STREET ADDRESS	-07/26/96--01011--023	
6.4 CITY-ST-ZIP	***61.25	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Colin Whitworth** 1-31-96 352-377-5871  
Date Daytime Phone #  
115 7/25/94

CR2E037 (12/95)