


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>14 E. University Ave</u>	2a. Mailing Address 26 <u>14 E. University Ave</u>	3. Date Incorporated or Qualified 05/15/1992	3a. Date of Last Report 07/25/1996
22 <u>212</u>	27 <u>212</u>	4. FEI Number 59-3132760	Applied For <input type="checkbox"/> Not Applicable
23 <u>Gainesville, FL</u>	28 <u>Gainesville, FL</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 <u>32601</u>	25 <u>Alachua</u>	29 <u>32601</u>	30 <u>Alachua</u>

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 Colin Whitworth  
 82 Street Address (P.O. Box Number is Not Acceptable)  
1024 NW 13 1/2 AVE  
 83  
 84 City Gainesville FL 85 Zip Code 32601

11. Pursuant to the provisions of Sections 617.002 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 617.053, Florida Statutes.  
 SIGNATURE [Signature] DATE 8/15/97

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input checked="" type="checkbox"/>
NAME	PODOLSKY, AMY	
STREET ADDRESS	911 NE 3RD AVE #1	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	PODOLSKY, MIKE	
STREET ADDRESS	911 NE 3RD AVE. #1	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VD	DELETE <input checked="" type="checkbox"/>
NAME	HILL, TIMOTHY	
STREET ADDRESS	911 NE 3RD AVE. #1	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	GROSS, AMY	
STREET ADDRESS	911 NE 3RD AVE #1	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	PODOLSKY, MICHAEL	
1.3 STREET ADDRESS	911 NE 3RD AVE. #1	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
2.1 TITLE	VD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	WHITWORTH, COLIN	
2.3 STREET ADDRESS	1024 NW 13 1/2 AVE.	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
3.1 TITLE	KRISTINA JACKSON (D)	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS	1024 NW 13 1/2 Ave.	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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, 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 of this report, or on an attachment with an address.  
 SIGNATURE [Signature] DATE 8/15/97 352-377-5374

CR2E037 (4/97)