

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000039066 (3)

1. Corporation Name
MEDIA FIRST, INC.



Principal Place of Business: 12232 FT. CAROLINE ROAD JACKSONVILLE FL 32225
Mailing Address: 12232 FT. CAROLINE ROAD JACKSONVILLE FL 32225

3. Date Incorporated or Qualified: 05/24/1994
3a. Date of Last Report: 07/18/1995

| | | | | | | |
|----|---|----|---------------------|---|---|--------------------------------|
| 21 | 2. Principal Place of Business 2251 St. Johns Bluff Rd | 22 | 2a. Mailing Address | 26 | 4. FEI Number 59-3246302 | Applied For Not Applicable |
| 23 | City & State Jacksonville FL | 27 | Suite, Apt. #, etc. | 29 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 | Zip 32216 | 25 | Country DUAL | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | | | |
|---|---|--|--|--|-------------------|--|--|
| 9. Name and Address of Current Registered Agent ROY, LANSING J 200 W FORSYTH STREET STE. 1200 JACKSONVILLE FL 32202 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 | Name Elizabeth M. Davis | | | 85 | Zip Code 32216 | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) 2251 St. Johns Bluff Rd | | | | | | |
| 83 | City Jacksonville | | | | | | |

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: *Elizabeth Davis* Elizabeth Davis DATE: 4/23/96
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, WALLACE R | 1.2 NAME | |
| STREET ADDRESS | 4455 HARBOUR NORTH COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, ELIZABETH M | 2.2 NAME | |
| STREET ADDRESS | 4455 HARBOUR NORTH COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALTON, REESE V | 3.2 NAME | |
| STREET ADDRESS | 2437 N.W. 52ND STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKLAHOMA CITY OK 73112 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAFFER, JAMES R | 4.2 NAME | |
| STREET ADDRESS | 19841 DETROIT STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SOUTH BEND IN 46614 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIMMER, WILLIAM L | 5.2 NAME | |
| STREET ADDRESS | 18075 ROOSEVELT ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SOUTH BEND IN 46614 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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

SIGNATURE: *Elizabeth Davis* DATE: 4/23/96 DAYTIME PHONE #: 904/642-8902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)