FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 459462 (8)MEDIA CONCEPTS, INC. Principal Place of Business Mailing Address 559 49TH STREET SOUTH 559 49TH STREET SOUTH ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1559994 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 SKIDMORE, CHARLES 3143A 37TH LANE S Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33711 83 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1 1 TITLE Change SKIDMORE, CHARLES W R NAME 12 NAME CR2E034 3143A - 37TH LANE SOUTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE TITLE Change Addition GALLAGHER, JOHN P NAME 1316 PASADENA AVE. #401 STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY - ST - ZIP -2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 14.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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.

1-7-98

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