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 # 523878 (7)

1. Corporation Name

MEDICA MEDIA, INC.

Principal Place of Business	Mailing Address
12000 Biscayne Boulevard Suite 705 North Miami, FL 33181	12000 Biscayne Boulevard Suite 705 North Miami, FL 33181

3. Date Incorporated or Qualified: 1/17/77
3a. Date of Last Report: 5/1/95

2. Principal Place of Business	2a. Mailing Address
21 12000 Biscayne Blvd.	26 12000 Biscayne Blvd.
Suite, Apt. #, etc. 22 Suite 705	Suite, Apt. #, etc. 27 Suite 705
City & State 23 North Miami, FL	City & State 28 North Miami, FL
Zip / Country 24 33181 / 25	Zip / Country 29 33181 / 30

4. FEI Number: 59-1710335 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

LEIGHT, PAUL
12000 Biscayne Boulevard #705
North Miami, FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LEIGHT, PAUL	12 NAME	LEIGHT, PAUL
STREET ADDRESS	12550 Biscayne Blvd. PHW	13 STREET ADDRESS	12000 Biscayne Blvd. #705
CITY-ST-ZIP	North Miami, FL 33181	14 CITY-ST-ZIP	North Miami, FL 33181
TITLE	S/D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LEIGHT, LYNN	22 NAME	LEIGHT, LYNN
STREET ADDRESS	12550 Biscayne Blvd. PHW	23 STREET ADDRESS	12000 Biscayne Blvd. #705
CITY-ST-ZIP	North Miami, FL 33181	24 CITY-ST-ZIP	North Miami, FL 33181
TITLE	T ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LEIGHT, LYNN	32 NAME	LEIGHT, LYNN
STREET ADDRESS	12550 Biscayne Blvd. PHW	33 STREET ADDRESS	12000 Biscayne Blvd. #705
CITY-ST-ZIP	North Miami, FL 33181	34 CITY-ST-ZIP	North Miami, FL 33181
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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7/17/96

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: Paul Leight Pres 7/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

PAUL LEIGHT 5/22/96
Date

Daytime Phone # 305-891-2885

CR2E034 (12/95)