

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

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 845155 (1)**  
 1. Corporation Name  
**TELEMEDIA PROPERTIES CORPORATION**



Principal Place of Business <b>231 EL VEDADO ROAD                  PALM BEACH FL 33480                  US</b>	Mailing Address <b>C/O TELEMEDIA, INC.                  750 LAKE COOK ROAD, SUITE 250                  BUFFALO GROVE IL 60089</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 232 Tangier Av</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/05/1980</b>		4. FEI Number <b>36-3061322</b>		Applied For Not Applicable	
22. City & State <b>23 Palm Beach, FL</b>		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip <b>24 33480</b>		25. Country <b>25 US</b>		28. Zip		29. Country		30.	
23. City & State <b>23 Palm Beach, FL</b>		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>24 33480</b>		25. Country <b>25 US</b>		29. Zip		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ZENKO, JOHN A.</b>	
STREET ADDRESS	<b>28335 ST. MARY'S ROAD</b>	
CITY-ST-ZIP	<b>LIBERTYVILLE IL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN DEN BUSSCHE, RONALD</b>	
STREET ADDRESS	<b>991 LONSDALE ROAD</b>	
CITY-ST-ZIP	<b>ELK GROVE VILLAGE IL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, SHARON</b>	
STREET ADDRESS	<b>17870 W MILLBURN RD</b>	
CITY-ST-ZIP	<b>OLD MILL CREEK IL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: \_\_\_\_\_ Date: **3-11-98** Daytime Phone # **847-808-4020** 0805017

CP2E034 (10/97)