

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001585 (9)

1. Corporation Name

PATRICK MEDIA GROUP, INC.



Principal Place of Business

Mailing Address

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified

03/31/1993

3a. Date of Last Report

02/22/1995

4. FEI Number

06-1087702

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input checked="" type="checkbox"/> DELETE
NAME	MCNEELY, STEPHEN A	
STREET ADDRESS	737 N MICHIGAN AVE SUITE 1300	
CITY-STATE-ZIP	CHICAGO IL 60611	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, STEVEN J	
STREET ADDRESS	737 N MICHIGAN AVE SUITE 1300	
CITY-STATE-ZIP	CHICAGO IL 60611	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAYER, FRANK	
STREET ADDRESS	737 N MICHIGAN AVE SUITE 1300	
CITY-STATE-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RAUTENBACH, ROLF H.	
STREET ADDRESS	338 N. WASHINGTON AVE.	
CITY-STATE-ZIP	SCRANTON PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1.1 TITLE	CHAIRMAN & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KARL ELLER	
1.3 STREET ADDRESS	2122 E. HIGHLAND AVE., SUITE 425	
1.4 CITY-STATE-ZIP	PHOENIX, AZ 85016	
2.1 TITLE	VP/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCOTT ELLER	
2.3 STREET ADDRESS	2122 E. HIGHLAND AVE., SUITE 425	
2.4 CITY-STATE-ZIP	PHOENIX, AZ 85016	
3.1 TITLE	VP/FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TIMOTHY DONMOYER	
3.3 STREET ADDRESS	2122 E. HIGHLAND AVE., SUITE 425	
3.4 CITY-STATE-ZIP	PHOENIX, AZ 85016	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

100003700201

03/28/96-01011

***200.00

☐ Change ☐ Addition

32
3.27

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)