

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001585

1. Corporation Name

PATRICK MEDIA GROUP, INC.

Principal Place of Business
**CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801**

Mailing Address

**2850 E CAMELBACK RD
STE 300
PHOENIX AZ 85016
US**

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90079 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	VP
NAME	ELLER, KARL	1.2 NAME	Hill, Herbert W., Jr.
STREET ADDRESS	2122 E. HIGHLAND AVE., STE 425 200 Concord Plaza, Suite 600	1.3 STREET ADDRESS	200 Concord Plaza, Suite 600
CITY-ST-ZIP	PHOENIX AZ 85016 San Antonio, Tx 78216-6940	1.4 CITY-ST-ZIP	San Antonio, Tx 78216-6940
TITLE	VPS	2.1 TITLE	T
NAME	ELLER, SCOTT	2.2 NAME	Meyer, Paul J.
STREET ADDRESS	2122 E. HIGHLAND AVE., STE 425 200 Concord Plaza, Suite 600	2.3 STREET ADDRESS	200 Concord Plaza, Suite 600
CITY-ST-ZIP	PHOENIX AZ 85016 San Antonio, Tx 78216-6940	2.4 CITY-ST-ZIP	San Antonio, Tx 78216-6940
TITLE	VPF	3.1 TITLE	D
NAME	DONMOYER, TIMOTHY	3.2 NAME	Mays, Lowry
STREET ADDRESS	2122 E. HIGHLAND AVE., STE 425	3.3 STREET ADDRESS	200 Concord Plaza, Suite 600
CITY-ST-ZIP	PHOENIX AZ 85016	3.4 CITY-ST-ZIP	San Antonio, Tx 78216-6940
TITLE	D	4.1 TITLE	D
NAME	Mays, Randall	4.2 NAME	Mays, Randall
STREET ADDRESS	200 Concord Plaza, Suite 600	4.3 STREET ADDRESS	200 Concord Plaza, Suite 600
CITY-ST-ZIP	San Antonio, Tx 78216-6940	4.4 CITY-ST-ZIP	San Antonio, Tx 78216-6940
TITLE	D	5.1 TITLE	D
NAME	Mays, Mark	5.2 NAME	Mays, Mark
STREET ADDRESS	200 Concord Plaza, Suite 600	5.3 STREET ADDRESS	200 Concord Plaza, Suite 600
CITY-ST-ZIP	San Antonio, Tx 78216-6940	5.4 CITY-ST-ZIP	San Antonio, Tx 78216-6940
TITLE	D	6.1 TITLE	D
NAME	Mays, Mark	6.2 NAME	Mays, Mark
STREET ADDRESS	200 Concord Plaza, Suite 600	6.3 STREET ADDRESS	200 Concord Plaza, Suite 600
CITY-ST-ZIP	San Antonio, Tx 78216-6940	6.4 CITY-ST-ZIP	San Antonio, Tx 78216-6940

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, with all other like empowered.

SIGNATURE:

Deborah Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-99 (210) 822-2820
Daytime Phone #

CR2E034 (1/98)