

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90025 030 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F93000002588**

1. Corporation Name  
**MEDIA VENTURE MANAGEMENT, INC.**



Principal Place of Business  
 1650 TUSONS BLVD., SUITE 790  
 MCLEAN VA 22102  
 US

Mailing Address  
 8927 THOMASVILLE ROAD  
 TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **7927 Thomasville Rd.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **7927 Thomasville Rd.**  
 Suite, Apt. #, etc.

22

City & State  
 23 **Tallahassee FL**

City & State  
 28 **Tallahassee FL**

Zip Country  
 24 **32312 USA** 25

Zip Country  
 29 **32312 USA** 30

3. Date Incorporated or Qualified  
**06/02/1993**

4. FEI Number  
**54-1666027**

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

9. Name and Address of Current Registered Agent  
**BOLDT, CHRISTINE**  
**8927 THOMASVILLE ROAD**  
**TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**7927 Thomasville Rd.**

83

84 City **Tallahassee** FL 85 Zip Code **32312**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PCD	
NAME	COBB, BRIAN E	
STREET ADDRESS	10108 NEDRA DRIVE	
CITY-ST-ZIP	GREAT FALLS VA	
TITLE	SD	
NAME	COBB, DENISE L	
STREET ADDRESS	10108 NEDRA DRIVE	
CITY-ST-ZIP	GREAT FALLS VA	
TITLE	VD	
NAME	AKENS, DANIEL L	
STREET ADDRESS	2604 KELLS CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	
NAME	BOLDT, CHRISTINE A.	
STREET ADDRESS	3408 QUICK DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PCD		
1.2 NAME	Cobb, Brian E.		
1.3 STREET ADDRESS	8889 Pelican Bay Blvd. Suite 500		
1.4 CITY-ST-ZIP	Naples, FL 34108		
2.1 TITLE	SD		
2.2 NAME	Cobb, Denise L.		
2.3 STREET ADDRESS	8889 Pelican Bay Blvd Suite 500		
2.4 CITY-ST-ZIP	Naples, FL 34108		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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, with all other like empowered.

SIGNATURE: Christine Boldt DATE: 1/5/99 DAYTIME PHONE: 850-893-3127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)