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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300004761 (3) CHILDREN'S MEDIA RESOURCE, INC.

Principal Place of Business Mailing Address 3595 ST. GAUDENS ROAD 3595 ST. GAUDENS ROAD COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-6530							
					3. Date Incorporated or Qualified 10/14/1993 3a. Date of Li 03/08/19		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 Suite, Apt	#. etc	Suite, Apt. #, etc.		 	65-0432596	Not Applicable 75 Additional	
22	.,	27			I & Lenincare of Status Desired I I	ee Required	
City & Stare		City & State				.00 May Be	
23 Zip	Country	28	Countr	,		ded to Fees	
24	25 29 30		 '		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
*************************	g, Name and Address of Currer				10. Name and Address of New Registered Agent		
	A, HENRY S		81	Name			
	ST. GAUDENS ROAD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
COC	ONUT GROVE FL 33133		83				
			~				
			84	City	FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corp		ing its registered	
office or ri agent. La	egistered alice toor both, in the State m familiar yith, and accept the oblig	royFlorida. Such change was at ayons of, Section 607.05 <i>6</i> 5. Flor	itriorized b ida Sjatule	y the corporat s. f	poration submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointmen	nt as registered	
SIGNATURE	(Henry J. Li	ma, Theo	iden	<u>オ</u>	¥ <i>5/97</i>	,	
12.		ort and title if applicable. (NOTE: D.DIRECTORS	Registered Ag	ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12	
101.E	PC DELETE		1.1 TITLE		☐ Cha		
NAMÉ	LURIA, HENRY S		1.2 NAME				
STREET ADDRESS	3595 ST. GAUDENS ROAD		1.3 STREE	AODRESS			
CHY-S1-ZIP	COCONUT GROVE FL 33133	DELETE	1.4 CITY-1	ST - ZiP	☐ Che	ange Addition	
TITLE NAMÉ		C DEELIE	2.1 TITLE 2.2 NAME			ande Firm voordin	
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY - \$1 - 20P			2. 4 CiTY-	ST-ZIP			
ĭIIL€	The state of the s	DELETE	3.1 TITLE		☐ Cha	ange 🔲 Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE				
CITY+S1+ZIP TITLE	THE RESERVE OF THE PROPERTY OF	DELETE	3.4. CITY- 4.1 TITLE	51 - ZIP	☐ Cha	ange Addition	
NAMê			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CCCY+ST+ZIP			4.4 CITY-	ST-ZIP			
™III€		☐ DELETE	5.1 TITLE		☐ Cha	ange Addition	
NAME.			5.2 NAME				
STREET ADDRESS			5.3 STREE				
CITY - ST - ZIP TITLE		DELETE	5.4 City-: 6.1 Title	oi+ZIr	Cha	ange Addition	
NAME		••••	6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
C-TY+ST-ZIP			6 4 CITY-				
14. I do hereb informatio Lam an o	by certify that the information supplie in indicated on this annual report or t flicer or director of the Torporation or	d with this filing does not qualify supplemental annual report is tru rithe receiver of rustee empowe	for the exe le and acc led to exe	emption stated urate and that oute this repor	d in Section 119.07(3)(i), Florida Statutes. I further certify t my signature shall have the same legat effect as if mad rt as required by Chapter 607, Florida Statutes; and that	r that the de under oath; that t my name	

SIGNATURE:

appears in Block 12 or

(305)46/-0011

FILED

Feb 21 1997 8:00am

Secretary of State