FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 22 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005774 (5)

1. Corporation Name
MILESTONE MEDIA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
PINELLAS BLDG., SUITE 226 9500 KOGER BLVD. ST. PETERSBURG FL 33702	PINELLAS BLDG., SUITE 226 ~~9500 KOGER BLVD.~~ ~~ST. PETERSBURG FL 33702~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1993	3a. Date of Last Report: 04/14/1994
4. FEI Number: 84-1158157	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 8401 9TH St. N.
22 Suite, Apt. #, etc.	27 Suite B-970
23 City & State	28 St. Petersburg, FL
24 Zip / 25 Country	29 33702 / 30 Pinellas

9. Name and Address of Current Registered Agent

ENGEL, THOMAS
~~PINELLAS BLDG., SUITE 226~~
~~9500 KOGER BLVD.~~
~~ST. PETERSBURG FL 33702~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8401 9TH St N.
83 Suite B-970
84 City: ST. PETERSBURG FL 85 Zip Code: 33702

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: Thomas H. Engel President
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	PCT	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGEL, THOMAS H	1.2 NAME	
STREET ADDRESS	9500 KOGER BLVD, PINELLAS BLDG. SUITE 226	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	D3	2.1 TITLE	☐ Change ☐ Addition
NAME	ENGEL, SHANA	2.2 NAME	
STREET ADDRESS	9500 KOGER BLVD, PINELLAS BLDG. SUITE 226	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MADIGAN, CLARK T	3.2 NAME	
STREET ADDRESS	2200 WILSON BLVD, SUITE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22201	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: T.H. Engel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306070 CP