


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

FILED
Mar 24 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F94000002639 (2)**

1. Corporation Name
IDB MEDIA GROUP, INC.

Principal Place of Business

**515 EAST AMITE STREET
JACKSON MS 39201-2702
US**

Mailing Address

**515 E AMITE ST
JACKSON MS 39201-2702
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1994

4. FEI Number

95-4454202- 95-4454205

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PCED | <input type="checkbox"/> DELETE |
| NAME | EBBERS, BERNARD J | |
| STREET ADDRESS | 515 EAST AMITE STREET | |
| CITY-ST-ZIP | JACKSON MS | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | STCF | <input type="checkbox"/> DELETE |
| NAME | SULLIVAN, SCOTT D. | |
| STREET ADDRESS | 515 EAST AMITE STREET | |
| CITY-ST-ZIP | JACKSON MS | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | VPC | <input type="checkbox"/> DELETE |
| NAME | MYERS, DAVID | |
| STREET ADDRESS | 515 EAST AMITE STREET | |
| CITY-ST-ZIP | JACKSON MS | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | CANNADA, CHARLES T | |
| STREET ADDRESS | 515 EAST AMITE STREET | |
| CITY-ST-ZIP | JACKSON MS | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|--|
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Assistant Secretary |
| 5.3 STREET ADDRESS | William E. Anderson |
| 5.4 CITY-ST-ZIP | 515 E. Amite St. Jackson, MS 39201-2702 |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE:

[Signature]

4/15/98

(602) 360-8600

CR2E034 (10/97)