

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90095 030 ***150.00

DOCUMENT # F94000002639

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

95-4454205

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1133 19th Street, N.W. Wash. D.C. 20036

23 City & State

27 DEPT 8408

24 Zip

25 Country

29 Zip

30 Country

USA

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

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 checked="" 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	AS	<input type="checkbox"/> DELETE
NAME	ANDERSON, WILLIAM E.	
STREET ADDRESS	515 EAST AMITE STREET	
CITY-ST-ZIP	JACKSON MS	
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 checked="" type="checkbox"/> Addition
3.2 NAME	V.P. & Gen. Tax Counsel
3.3 STREET ADDRESS	WALTER MAGEL
3.4 CITY-ST-ZIP	1133 19th Street, N.W. Wash. D.C. 20036
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D SCOTT SULLIVAN
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: Walter Nagel

4/29/99 202-736-6000
Date Daytime Phone #

CR2E034 (11/98)

0547653