FILE NOW: FILING FEE AFTER MAY \$51 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000005880 (9)

GENERAL MEDIA, INC.

Principal Place of Business Mailing Address CENTER BLDG., STE. 201 7515 PELICAN BAY BLVD **UNIT SA** 720 GREENWOOD AVE.

FILED May 22 1998 8:00am Secretary of State



JENKINTOWN PA 19046 DO NOT WRITE IN THIS SPACE NAPLES FL 33963 3. Date Incorporated or Qualified <u>11/14/1994</u> 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 21 23-2269692 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible ☐ No 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SOHN, EUGENE 7515 PELICAN BAY BLVD. UNIT 5-A 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33963 63 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 THE **SOHN, EUGENE** NAME 1.2 NAME 7515 PELICAN BAY BLVD, UINT 5A 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CHY-S1-ZIP CITY - ST - ZIP DELETE Change Addition 21 THLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3 1 71111 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELFTE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TIFLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 fiam 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