

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90078 029 ***150.00

03091999-90078-029-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005880

1. Corporation Name
GENERAL MEDIA, INC.

Principal Place of Business Mailing Address

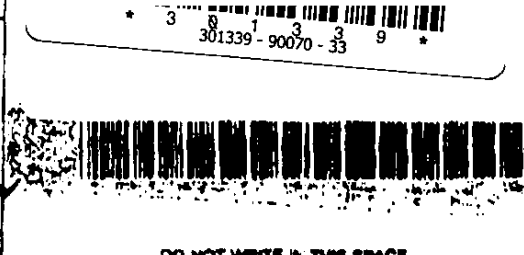
7515 PELICAN BAY BLVD UNIT 5A NAPLES FL 33963 US
CENTER BLDG. STE. 201 720 GREENWOOD AVE. JENKINTOWN PA 19046

2. Principal Place of Business Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 26 Zip Country 28 Country



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1994

4. FEI Number
23-2208992 Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent

SOHN, EUGENE
7515 PELICAN BAY BLVD. UNIT 5A
NAPLES FL 33963

19. Name and Address of New Registered Agent

81 Name
SOHN Joann

82 Street Address (P.O. Box Number is Not Acceptable)
7515 PELICAN BAY BLVD 5A

83

84 City
NAPLES FL Zip Code
34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE *Joann Sohn* VP 4/3/98

12. OFFICERS AND DIRECTORS

TITLE	CPS	<input checked="" type="checkbox"/> DELETE
NAME	SOHN, EUGENE	
STREET ADDRESS	7515 PELICAN BAY BLVD, UNIT 5A	
CITY, ST, ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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	V.P. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joann Sohn Joann	
1.3 STREET ADDRESS	7515 PELICAN BAY BLVD 5A	
1.4 CITY, ST, ZIP	NAPLES FL 34108	
2.1 TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dennis Dougherty	
2.3 STREET ADDRESS	546 BETHAN RD	
2.4 CITY, ST, ZIP	ELKINS PARK PA 19027	
3.1 TITLE	V.P. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAREN SCHULZ	
3.3 STREET ADDRESS	2107 S.W. MARLBOROUGH BLVD	
3.4 CITY, ST, ZIP	Boca Raton FL 33433	
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 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, when all other files empowered.

SIGNATURE: *Joann Sohn* 2/24/99 941574-2280

CFR2E004 (1/1/98)