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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCHMENT

1. Corporation	IEDIA COMMUNICATIONS (0003059 (1)			
Principal Plac	ce of Business	Mailing Address		E CONTINUE MICO COLAC ZIMIN COLOR SOLIL COLLI SOLIL SOLIL SOLIL SOLIL SOLIL	(A COTOR ESCAL ACOM TANGONAL
3200C EAST COLONIAL DRIVE		3208C EAST COLONIAL D	RIVE		
SUITE 287		SUITE 287		DO NOT WOLFE IN THIS SOLOF	
ORLANDO FL 32803		ORLANDO FL 32803		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a, Mailing Address		06/23/1995 4. FEI Number	Applied For
21	100 OF 203-1000	26		59-3311407	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25		30		Yes No
	9. Name and Address of Curre	ni Registereo Agent	81 Name	10. Name and Address of New Registered	Agent
	DLKING, PAUL		P	NI WOLKING	
	8 2 W. COLONIAL DR. STE. 246 RANDO FL 32608	-	82 Street Add	ress (P.O. Box Number is Not Acceptable)	2007
2	208-C E, COLON	INLDD STAZO	7 83 -		608/
				MDO FZ 32803	
67	RUNDO FE 33	2803	84 City	FL	85 Zip Code 3
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 a	am familiar with, and accept the oblig	yations of Section 607 05 05 , Flo	rida Statutes.	monts board of directors. Thereby accept the app	Outfillettr as registered
SIGNATURE	Signature, typed or printed name of registered an	wat and timed and walks (NOTE	flegislered Agen! signature requ	ured when reinstailing) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOLKING, PAUL		1.2 NAME		
STREET ADDRESS	3108 NEALWOOD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY - ST - ZIP		
TITLE	VP	L. DELETE	2.1 TITLE		Change Addition
NAME	BANKS, TONY		2.2 NAME		
STREET ADORESS	1910 JENNINGS COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808	Dritte	2.4 CITY-ST-ZIP		Character Laddition
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME CTOSCT ADDOSCC			3.2 NAME		į
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-\$T-ZIP TITLE			3.4. CITY-S1-ZIP		☐ Change ☐ Addition
******		DELETE	4.1 TITLE		T DIMING I LAMORITHI I
NAME		☐ DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	4. 2 NAME		Change Nation
STREET ADDRESS		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS		
		☐ DELETE	4. 2 NAME		Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP 5.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP 5.1 TITLE 5.2 NAME		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - S1 - ZIP		Change Addition

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.

FILED

May 08 1998 8:00am

Secretary of State