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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003623 (4)

1. Corporation Name

BETTER BUILT MEDIA GROUP, INC.



Principal Place of Business

120 EAST FOURTH ST.
LITTLE ROCK AR 72201

Mailing Address

120 EAST FOURTH ST.
LITTLE ROCK AR 72201

2. Principal Place of Business

21 212 E. MAIN ST.
Suite, Apt. #, etc.

22

City & State

23 LEESBURG, FLORIDA

24 34748

25 USA

2a. Mailing Address

26 P.O. Box 490007
Suite, Apt. #, etc.

27

City & State

28 LEESBURG, FLORIDA

29 34749

30 USA

9. Name and Address of Current Registered Agent

PROCTOR, JULIAN JR.
316 E. JEFFERSON ST.
TALLAHASSEE FL 32301

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, if applicable,

(Signature, typed or printed name of registered agent and, if applicable,

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PHILLIPS, RUPERT E
609 GULF SHORE DR.
DESTIN FL 32541

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
PHILLIPS, SANDRA K
609 GULF SHORE DR.
DESTIN FL 32541

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DAWS, HAROLD C
208 NORTHCLIFF DR.
GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
PERRY, JAMES N
212 E MAIN ST
LEESBURG FL 34749

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
PAYNE, ALAN
212 E MAIN ST
LEESBURG FL 34749

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

352-365-8200

CR2E034 (12/95)