

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**  
**Sep 17 1997 8:00am**  
**Secretary of State**

**DOCUMENT # F95000004488 (1)**

1. Corporation Name  
**PNE MEDIA, INC.**

Principal Place of Business

**4 RIDGEVIEW PL.  
MT. SINAI NY 11766**

Mailing Address

**4 RIDGEVIEW PL.  
MT. SINAI NY 11766**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/15/1995**

3a. Date of Last Report

**04/17/1996**

4. FEI Number

**22-3280515**

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 2104 STANLEY TERRACE**

2a. Mailing Address

**26 2104 STANLEY TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 UNION, NJ 07083**

City & State

**28 UNION, NJ 07083**

Zip

**24 07083**

Country

**25 U.S.A.**

Zip

**29 07083**

Country

**30 U.S.A.**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 ☐ DELETE

**NAME  
DCP  
NATARO, FRANK J  
4 RIDGEVIEW PL  
MT. SINAI NY 11766**

TITLE ☐ DELETE

**NAME  
DV  
EATRIDES, JAMES A  
2104 STANLEY TERRACE  
UNION NJ 07083**

TITLE ☐ DELETE

**NAME  
DV  
PARSONS, THOMAS C  
2104 STANLEY TERRACE  
UNION NJ 07083**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**NAME  
DCP  
NATARO, FRANK J.  
4553 N.W. 7TH PLACE  
DEERFIELD BEACH, FL 33442**

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 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.

SIGNATURE:

CR2E034 (4/97)