## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

F95000005964 (0)

## DISCOVERY MEDIA COMPANY

**FILED** Apr 26 1996 8:00 am Secretary of State

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						ANN GOUR GOUR BAN	#
Principal Place of	of Business	Mailing Address					
705 SANDPIPEI DESTIN FL 325		705 SANDPIPER DR Destin Fl 32541					
DECIMAL VE GEO	~1				3. Date Incorporated or Qualified	3a. Date of L	ast Report
					12/06/1995		
2. Principal Plac	on of Business	2a. Mailing Address			4. FEI Number		Applied For
_ '			ŀ/-n		75-2206690		Not Applicable
8829	St. Andrews Dr.	26 <b>P.O.Box</b> Suite, Apt. #, etc.	6429			\$	8.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
3 Destin, FL		28 Destin,F	Destin,FL		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Count	у	8. This corporation has liability for	intangible tax un	nders 199.032,
32541	25 Walton	29 3 2 5 4 1	30 US.	A	1	<b>X</b> ] No	
	9. Name and Address of Curre				10. Name and Address of New F	tegistered Age	nt
			6	1 Name			
MORRISON, GLEN 82					dress (P.O. Box Number is Not Acceptate	ole)	
	DPIPER DR				St. Andrews Dr.		
DESTIN F			8	3			
5251			8	4 City		8	5 Zip Code
			1	Dont	1 n oration submits this statement for the pu	FL	32541
			es ∙de √X Note AudentA ■ 13.	ineral sage at 16 - 16 - 16	ADDITIONS/CHANGES TO OFF	4/20/	
12.		ND DIRECTORS	1 1 Tifk	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO GIT	<b>y</b> 0	
TITLE	DCP	Пресен	1.2 NAM	ĺ		A.	_
NAM!	MORRISON, GLEN				000 ct 3-d		
STREET ADDRESS	705 SANDPIPER DR DESTIN FL 32541				8829 St. Andrews Destin, FL 32541	/L •	
CITY-ST ZIP TITLE	DVST	DELETE	2 1 111		CSCIII, III JEJAI	<b>x</b> [] 0	nange 🔲 Addition
NAME	MORRISON, JENNIFER	<b>L.</b> ,	2 2 NAM	t I			
STREET ADDRESS	705 SANDPIPER DR				8829 St. Andrews D	\ <del>~</del>	
CITY-SI-ZIP	DESTIN FL 32541				estin, FL 32541	, <b>_</b> .	
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STREET ADDRESS			5.3 S*H	EET ADDRESS			
CITY - ST - ZIP			5.4 CIT	(-S[-Z]F			
TITLE		☐ DELETE	6 1 T·I	1			Change
NAME			6.2 NA!	ME .			
STREET ADDRESS			63.516	EFT ADDRESS			
CITY - ST - 7IP			6.4 CH	Y - 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 (chapter or on an attachment with an address.)

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR