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FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000413 (2)

1. Corporation Name
COX MMT, INC.

Principal Place of Business
1400 LAKE HEARN DRIVE
ATLANTA GA 30318

Mailing Address
1400 LAKE HEARN DRIVE
ATLANTA GA 30318-1464



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/24/1996 | 3a. Date of Last Report |
| 21 | State, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 58-2202595 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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 |
| 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--------------------------|
| TITLE | PO | 1.1 TITLE | DU |
| NAME | TRIGONY, NICHOLAS D | 1.2 NAME | TRIGONY, NICHOLAS D |
| STREET ADDRESS | 1400 LAKE HEARN DR., NE | 1.3 STREET ADDRESS | 1400 LAKE HEARN DR. |
| CITY-STATE-ZIP | ATLANTA GA | 1.4 CITY-STATE-ZIP | ATLANTA, GA. 30319 |
| TITLE | SD | 2.1 TITLE | |
| NAME | MERDEK, ANDREW A | 2.2 NAME | |
| STREET ADDRESS | 1400 LAKE HEARN DR., NE | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ATLANTA GA | 2.4 CITY-STATE-ZIP | |
| TITLE | VTD | 3.1 TITLE | |
| NAME | ROUSE JR, JOHN J | 3.2 NAME | |
| STREET ADDRESS | 1400 LAKE HEARN DR., NE | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ATLANTA GA | 3.4 CITY-STATE-ZIP | |
| TITLE | V | 4.1 TITLE | |
| NAME | BARNETT, PRESTON B | 4.2 NAME | |
| STREET ADDRESS | 1400 LAKE HEARN DR., NE | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ATLANTA GA | 4.4 CITY-STATE-ZIP | |
| TITLE | V | 5.1 TITLE | |
| NAME | HERSON, STEVEN J | 5.2 NAME | |
| STREET ADDRESS | 1 DAG HAMMARSKJOLD PLAZA | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | NEW YORK NY | 5.4 CITY-STATE-ZIP | |
| TITLE | V | 6.1 TITLE | P |
| NAME | OKEN, JACK | 6.2 NAME | OKEN, JACK |
| STREET ADDRESS | 1 DAG HAMMARSKJOLD PLAZA | 6.3 STREET ADDRESS | 1 DAG HAMMARSKJOLD PLAZA |
| CITY-STATE-ZIP | NEW YORK NY | 6.4 CITY-STATE-ZIP | NEW YORK, NY |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011762

CR2E034 (9/96)