

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

FILED
May 08 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 # F96000001119 (4)

1. Corporation Name
GTE MEDIA VENTURES INCORPORATED

Principal Place of Business

ONE STAMFORD FORUM
STAMFORD CT 06904

Mailing Address

ONE STAMFORD FORUM
STAMFORD CT 06901-3516

3. Date Incorporated or Qualified 03/05/1996	3a. Date of Last Report
4. FEI Number 75-2616008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 700 Hidden Ridge

27 Suite, Apt. #, etc.
HQW02G93

28 City & State
Irving, TX

29 Zip
75038

30 Country

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CALAFELL, ROBERT C
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904

TITLE DS ☐ DELETE

NAME DROST, MARIANNE
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904

TITLE DP ☐ DELETE

NAME WILSON, WILLIAM D
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904

TITLE VT ☒ DELETE

NAME MURPHY, JAMES
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904

TITLE AT ☐ DELETE

NAME DEUR, JAN L
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904

TITLE AS ☐ DELETE

NAME BRZOSKA, JANET K
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904

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

DP

Wilson, William D
600 Hidden Ridge
Irving, TX 75038

VT

Cohrs, Dan J
One Stamford Forum
Stamford, CT 06904

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:

Handwritten signature: Sandra B. Mortham
Sandra B. Mortham
7/30/97

CR2E034 (9/96)