

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

FILED

Feb 17 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 # **F96000003312 (3)**

1. Corporation Name
ACXION/DIRECT MEDIA, INC.



Principal Place of Business 4001 TAMiami TRAIL N. NAPLES FL	Mailing Address 4001 TAMiami TRAIL N. NAPLES FL 34103-3556
---	--

3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21	2a. Mailing Address 26 200 Pemberwick Road		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28 Greenwich, CT		
Zip 24	Country 25	Zip 29 06830	Country 30 USA

4. FEI Number 71-0789914	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" 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 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	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BRIGHTON, STEPHEN H
STREET ADDRESS	131 VALLEY CLUB RD.
CITY-ST-ZIP	LITTLE ROCK AR 72212
TITLE	P <input type="checkbox"/> DELETE
NAME	FOEHL, ROBERT
STREET ADDRESS	3 KENSINGTON CT.
CITY-ST-ZIP	OLD GREENWICH CT 06870
TITLE	P <input type="checkbox"/> DELETE
NAME	FLORENCE, DAVID
STREET ADDRESS	6 HUNTER LANE
CITY-ST-ZIP	RYE NY 10580
TITLE	V <input type="checkbox"/> DELETE
NAME	BARTKO, MAXIM
STREET ADDRESS	39 S. BOWMAN DR.
CITY-ST-ZIP	GREENWICH CT 06831
TITLE	TCFO <input type="checkbox"/> DELETE
NAME	BLOOM, ROBERT S
STREET ADDRESS	30 FONTENAY CIRCLE
CITY-ST-ZIP	LITTLE ROCK AR 72211
TITLE	S <input type="checkbox"/> DELETE
NAME	HUGHES, CATHERINE L
STREET ADDRESS	4 KEN CIRCLE
CITY-ST-ZIP	LITTLE ROCK AR 72207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, as an attachment with an address.

CR2E034 (9/96)