04201999-90114-045-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 JUN 29 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003793

1. Corporation Name
COX INTERACTIVE MEDIA, INC.

Principal Place of Business	Mailing Address
1400 LAKE HEARN DR NE ATLANTA GA 30319	1400 LAKE HEARN DR NE ATLANTA GA 30319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1996

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 58-2251214 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ 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: CSC
(82) Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
(83)
(84) City: TALLAHASSEE (85) FL Zip Code: 32301

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Deborah D. Skipper — Deborah D. Skipper as its agent — 6/29/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EASTERLY, DAVID E		1.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KILLEN JR, WILLIAM L		2.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WINTER, PETER M		3.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARNETT, PRESTON B		4.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MERDEK, ANDREW A		5.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, RICHARD J		6.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR NE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Preston B. Barnett SIGNATURE REQUIRED — Preston B. Barnett, Vice President - Tax — 2/15/99 (Date) — 404-843-5000 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR