

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:13

DOCUMENT # H15464

(1)

1. Corporation Name

ROBERT WILBOR PRODUCTIONS, INC.

Principal Place of Business

525 NORTH OCEAN BLVD
UNIT 1819
POMPANO BEACH FL 33062

Mailing Address

525 NORTH OCEAN BLVD
UNIT 1819
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/07/1984

3a. Date of Last Report

06/03/1994

4. FEI Number

59-2434540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

28 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

WILBOR, SHIRLEY G.
525 NORTH OCEAN BLVD
UNIT 1819
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

ROBERT WILBOR PRES.

Robert Wilbor

6/16/95

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WILBOR, SHIRLEY G.
STREET ADDRESS 525 N OCEAN BLVD #1819
CITY- ST- ZIP POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT WILBOR Robert Wilbor 6/16/95


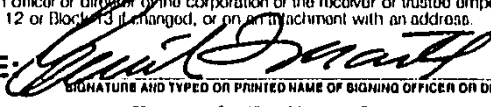
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # H18688 1. Corporation Name MARTEL MEDIA ENTERPRISES, INC.		(2)		95 MAR 27	
Principal Place of Business 250 ROYAL PALM WAY SUITE 202 PALM BEACH FL 33480 US		Mailing Address % JONATHAN E. COLE, ESQ. 250 ROYAL PALM WAY, S-300 PALM BEACH FL 33480		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/29/1984 3a. Date of Last Report 04/28/1994 4. FEI Number 59-2445345 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent COLE, JONATHAN E., ESQ. 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480				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	DPT	11 TITLE	V		
NAME	MARTEL, KENNETH F.	12 NAME	MARTEL, NANCY SHAPIRO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	250 ROYAL PALM WAY	13 STREET ADDRESS	250 Royal Palm Way		
CITY - ST - ZIP	PALM BEACH FL	14 CITY - ST - ZIP	Palm Beach FL		
TITLE	S	21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTEL, KENNETH, F	22 NAME			
STREET ADDRESS	250 ROYAL PALM WAY	23 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL	24 CITY - ST - ZIP			
TITLE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		32 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY - ST - ZIP		34 CITY - ST - ZIP			
TITLE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY - ST - ZIP		44 CITY - ST - ZIP			
TITLE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY - ST - ZIP		54 CITY - ST - ZIP			
TITLE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY - ST - ZIP		64 CITY - 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 110.07(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 if changed, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kenneth F. Martel		4/3/95 Date		407-833-1840 Telephone #	