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

APPROVED AND FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H29416** **(5)**

1. Corporate Name

MARINER MEDIA INC.

Principal Place of Business	Mailing Address
439 S.TAMIAMI TR. P.O. BOX 1220 VENICE FL 34285 US	439 S.TAMIAMI TR. P.O. BOX 1220 VENICE FL 34284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1984**

3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business — 21: **222 Ponce de Leon Ave.**
Suite, Apt. #, etc. — 22:
City & State — 23: **Venice , FL**
Zip — 24: **34284** County — 25:

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

4. FEI Number: **59-2462655** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAHLER, THOMAS
439 S. TAMIAMI TRAIL
VENICE FL 33595

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Box 1)	
Title	DV	Title	☒ Change ☐ Addition
Name	KAHLER, THOMAS	Name	
Street Address	439 S. TAMIAMI TRAIL	Street Address	222 Ponce de Leon Ave
City-State-Zip	VENICE FL	City-State-Zip	
Title	CPT	Title	☒ Change ☐ Addition
Name	KEPHART, KENNETH	Name	
Street Address	1821 SCENIC DR	Street Address	222 Ponce de Leon Ave
City-State-Zip	VENICE FL	City-State-Zip	
Title	D	Title	☒ Change ☐ Addition
Name	KEPHART, KENNETH	Name	
Street Address	1821 SCENIC DR	Street Address	222 Ponce de Leon Ave
City-State-Zip	VENICE FL	City-State-Zip	
Title	S	Title	☐ Change ☐ Addition
Name	KIRK, BARBARA	Name	
Street Address	3827 WARRIOR AVE	Street Address	
City-State-Zip	NORTH PORT FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I/We certify that the information supplied with this report, including any required attachment, is true, accurate and complete. I/We 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 above, or on an attachment with an address.

SIGNATURE: Kenneth R. Kephart — 4-6-95 — (813) 488-9307
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR
KENNETH R. KEPHART

0466206 FP