

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 21 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **H78892** (7)  
1. Corporation Name  
**TREASURE COAST MEDIA, INC.**

Principal Place of Business  
**616 AZALEA LANE  
VERO BEACH FL 32963**

Mailing Address  
**616 AZALEA LANE  
VERO BEACH FL 32963**



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                       |  |                                                                                                                                                                           |  |                                                                                                                                                                         |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>1850 43rd Ave</b><br>Suite, Apt. #, etc.<br>22 <b>Suite C-4</b><br>City & State<br>23 <b>Vero Beach FL</b><br>Zip<br>24 <b>32960</b> Country<br>25 <b>USA</b> |  | 2a. Mailing Address<br>26 <b>PO BOX 650869</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Vero Beach FL</b><br>Zip<br>29 <b>32965</b> Country<br>30 <b>USA</b> |  | 3. Date Incorporated or Qualified<br><b>10/02/1985</b>                                                                                                                  | 3a. Date of Last Report<br><b>04/15/1996</b>           |
|                                                                                                                                                                                                       |  |                                                                                                                                                                           |  | 4. FEI Number<br><b>59-2603108</b>                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
|                                                                                                                                                                                                       |  |                                                                                                                                                                           |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                    | <b>\$8.75</b> Additional Fee Required                  |
|                                                                                                                                                                                                       |  |                                                                                                                                                                           |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                         | <b>\$5.00</b> May Be Added to Fees                     |
|                                                                                                                                                                                                       |  |                                                                                                                                                                           |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                         |  |                                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>BLOCK, SAMUEL A<br/>2127 TENTH AVENUE<br/>VERO BEACH FL 32960</b> |  | 10. Name and Address of New Registered Agent<br>81 Name <b>Sally Dilucante</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>PO Box 650869</b><br>83<br>84 City <b>Vero Beach FL</b> 85 Zip Code <b>32965</b> |  |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 *Sally Dilucante* 7/16/97  
(NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |                                                                                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                                    |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>DILUCENTE, SALLY SMALLEY<br/>C/O WMMY, 100 MADRID BLVD., #211<br/>PUNTA GORDA FL 33950</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>Pres<br/>Dilucante, Sally Smalley<br/>PO Box 650869<br/>Vero Beach FL 32965</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>DILUCENTE, WAYNE<br/>C/O WMMY, 100 MADRID BLVD., #211<br/>PUNTA GORDA FL 33950</b>         | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>Vice Pres.<br/>Dilucante, Wayne<br/>same as above</b>                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>BLOCK, SAMUEL A<br/>2127 TENTH AVENUE<br/>VERO BEACH FL 32960</b>                          | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>Wayne Dilucante</b>                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>WILLIAMS, ANDREW W<br/>616 AZALEA LANE<br/>VERO BEACH FL 32963</b>                         | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>Sally Dilucante</b>                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                      | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                      | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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, or on an attachment with an address.

SIGNATURE *Sally Dilucante* 7/16/97 11:20-0250

CR2E034 (4/97)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H78892

(7)

1. Corporation Name

TREASURE COAST MEDIA, INC.



Principal Place of Business

616 AZALEA LANE  
VERO BEACH FL 32963

Mailing Address

616 AZALEA LANE  
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1985

3a. Date of Last Report

04/15/1996

4. FEI Number

59-2603108

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 1850 43rd Ave

Suite, Apt. #, etc.

22 Suite C-4

City & State

23 Vero Beach FL

24 Zip 32960

25 Country USA

2a. Mailing Address

26 PO Box 650869

Suite, Apt. #, etc.

27

City & State

28 Vero Beach FL

29 Zip 32965

30 Country USA

9. Name and Address of Current Registered Agent

BLOCK, SAMUEL A  
2127 TENTH AVENUE  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

Sally Dilucante

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

PO Box 650869

83

84 City

Vero Beach FL

85 Zip Code

32965

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

SIGNATURE

*Sally Dilucante*

(NOTE: Registered Agent signature required when reinstating)

7/16/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
DILUCENTE, SALLY SMALLEY  
STREET ADDRESS C/O WMMY, 100 MADRID BLVD., #211  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME DV  
DILUCENTE, WAYNE  
STREET ADDRESS C/O WMMY, 100 MADRID BLVD., #211  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ DELETE

NAME DS  
BLOCK, SAMUEL A  
STREET ADDRESS 2127 TENTH AVENUE  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☒ DELETE

NAME DT  
WILLIAMS, ANDREW W  
STREET ADDRESS 616 AZALEA LANE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Pro  
Dilucante, Sally Smalley  
1.3 STREET ADDRESS PO Box 650869  
1.4 CITY-ST-ZIP Vero Beach FL 32965

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Vice Pres.  
Dilucante, Wayne  
2.3 STREET ADDRESS same as above

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Wayne Dilucante

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME Sally Dilucante

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

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 *Andrew Williams* *Sally Dilucante*

CR2E034 (4/97)