FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J44454** **(3)**

1. Corporation Name
MEDIA ADVANTAGE, INC.

Principal Place of Business
5555 UNIVERSITY BLVD., W.
JACKSONVILLE FL 32216

Mailing Address
5555 UNIVERSITY BLVD., W.
JACKSONVILLE FL 32216

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

3. Date Incorporated or Qualified: **12/01/1986**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-2742073** [ ] 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**

SAFER, ELIOT J.
4151 WOODCOCK DRIVE
SUITE 101
JACKSONVILLE FL 32207

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 617.0503, 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 IN 12	
TITLE	PDS	[ ] DELETE	1) TITLE	[ ] Change [ ] Addition
NAME	SHENKMAN, JUNE		1) NAME	
STREET ADDRESS	9681 TRENDLE LANE S.		1) STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1) CITY-ST-ZIP	
TITLE		[ ] DELETE	2) TITLE	[ ] Change [ ] Addition
NAME			2) NAME	
STREET ADDRESS			2) STREET ADDRESS	
CITY-ST-ZIP			2) CITY-ST-ZIP	
TITLE		[ ] DELETE	3) TITLE	[ ] Change [ ] Addition
NAME			3) NAME	
STREET ADDRESS			3) STREET ADDRESS	
CITY-ST-ZIP			3) CITY-ST-ZIP	
TITLE		[ ] DELETE	4) TITLE	[ ] Change [ ] Addition
NAME			4) NAME	
STREET ADDRESS			4) STREET ADDRESS	
CITY-ST-ZIP			4) CITY-ST-ZIP	
TITLE		[ ] DELETE	5) TITLE	[ ] Change [ ] Addition
NAME			5) NAME	
STREET ADDRESS			5) STREET ADDRESS	
CITY-ST-ZIP			5) CITY-ST-ZIP	
TITLE		[ ] DELETE	6) TITLE	[ ] Change [ ] Addition
NAME			6) NAME	
STREET ADDRESS			6) STREET ADDRESS	
CITY-ST-ZIP			6) 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(1)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: June Shenkman JUNE SHENKMAN 3/18/96 (904) 737-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)