

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **J66658** (2)
1. Corporation Name
FLORIDA MEDIA AFFILIATES, INC.



Principal Place of Business 800 DOUGLAS RD., SUITE 500 P.O. BOX 019068 (33101) CORAL GABLES FL 33134	Mailing Address %MICROMEDIA AFFILIATES INC PO BOX 920 MORRISTOWN NJ 07963-0920 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/10/1987	
4. FEI Number 59-2803525		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DRAMER, WILLIAM S ONE BOCA A, SUITE 411-E 2255 GLADES RD BOCA RATON FL 33432				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
--	--	--	--	---	--

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

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	P	<input type="checkbox"/> DELETE		1.1 TITLE	Director, President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMLINSON, NORMAN B. JR			1.2 NAME			
STREET ADDRESS	55 PARK PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MORRISTOWN NJ			1.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHEID, LAWRENCE			2.2 NAME			
STREET ADDRESS	PO BOX 920, DUMONT PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MORRISTOWN NJ			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Director, VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Banbura D. Tomlinson		
STREET ADDRESS				3.3 STREET ADDRESS	7 Dumont Place, PO Box 920		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Morristown, NJ 07963-0920		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Director, Secretary-Treas	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Kate S. Tomlinson		
STREET ADDRESS				4.3 STREET ADDRESS	7 Dumont Place, PO Box 920		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Morristown, NJ 07963-0920		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE

Norman B. Tomlinson, Pres

4/10/98

(973) 644-5554

CR2E034 (10/97)