

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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K26664 (8)**

1. Corporation Name  
**PRINTED MEDIA INCORPORATED**



Principal Place of Business <b>5172 ROLLINS AVENUE                  JACKSONVILLE FL 32207</b>	Mailing Address <b>5172 ROLLINS AVENUE                  JACKSONVILLE FL 32207</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number		Applied For
21 <i>5172 Rollins Ave</i>	26 <i>5172 Rollins Ave</i>		<b>06/21/1988</b>	<b>59-2899068</b>		Not Applicable
22 Suite, Apt. #, etc.	27 <i>Jax.</i>		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
23 <i>Jacksonville Fla.</i>	28 <i>Fla.</i>		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
24 <i>32207</i>	25 <i>Duval</i>	29 <i>32207</i>	30 <i>Duval</i>	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		

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCGEE JR., RICHARD C.                  5040 ST. AUGUSTINE RD.                  JACKSONVILLE FL 32207</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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: *Delphine S. McGee* (NOTE: Registered Agent signature required when reinstating) DATE: *3-4-98*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MCGEE, RICHARD C.</b>			1.2 NAME			
STREET ADDRESS	<b>5172 ROLLINS AVENUE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MCGEE, DELPHINE S.</b>			2.2 NAME			
STREET ADDRESS	<b>5172 ROLLINS AVENUE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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: **Delphine S. McGee** *Delphine S. McGee* 3-4-98 904/636-8708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033485

CR2E034 (10/97)