

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **K33691 (2)**

1. Corporation Name  
**TRANS MEDIA, INC.**



Principal Place of Business Mailing Address  
**% DENNIS L. HORTON**  
**900 W. HWY 50**  
**CLERMONT FL 32711**

3. Date Incorporated or Qualified **09/20/1988** 3a. Date of Last Report **04/25/1995**

21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40						
2. Principal Place of Business					2a. Mailing Address					4. FEI Number <b>59-2909504</b>		Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>		5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Suite, Apt. #, etc					Suite, Apt. #, etc					5. Certificate of Status Desired		Applied For		Not Applicable		5. Certificate of Status Desired		\$8.75 Additional Fee Required		6. Election Campaign Financing		\$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	
City & State					City & State					5. Certificate of Status Desired		Applied For		Not Applicable		5. Certificate of Status Desired		\$8.75 Additional Fee Required		6. Election Campaign Financing		\$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	
Zip					Zip					5. Certificate of Status Desired		Applied For		Not Applicable		5. Certificate of Status Desired		\$8.75 Additional Fee Required		6. Election Campaign Financing		\$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	
Country					Country					5. Certificate of Status Desired		Applied For		Not Applicable		5. Certificate of Status Desired		\$8.75 Additional Fee Required		6. Election Campaign Financing		\$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	

9. Name and Address of Current Registered Agent

**HORTON, DENNIS L.**  
**900 W. HWY 50**  
**CLERMONT FL 32711**

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

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

(If OFF - Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLIS, CARLOS</b>	
STREET ADDRESS	<b>143 W. MONTROSE ST</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLIS, SANDRA M.</b>	
STREET ADDRESS	<b>143 W. MONTROSE ST</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	

**600001892528**  
**-07/12/96--01067--034**  
**\*\*\*225.00**

*Handwritten signature and initials*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-96**

Date

Signature Printed Name

CR2E034 (3/96)