

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L78406 (0)

1. Corporation Name

MICROMEDIA AFFILIATES OF FLORIDA, INC.



Principal Place of Business

C/O MICROMEDIA AFFILIATES INC.
PO BOX 920
MORRISTOWN NJ 07963-0920
US

Mailing Address

C/O MICROMEDIA AFFILIATES INC
PO BOX 920
MORRISTOWN NJ 07963-0920
US

3. Date Incorporated or Qualified

05/25/1990

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0193693

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, WILLIAM S.
% SICILIANO & KRAMER PA
980 N FEDERAL HWY SUITE 440
BOCA RATON FL 33433

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 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 the corporation

Signature typed or printed name of registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	TOMLINSON, NORMAN B JR	
STREET ADDRESS	7 DUMONT PL	
CITY- ST- ZIP	MORRISTOWN NJ	
TITLE	DST	☐ DELETE
NAME	TOMLINSON, KATE S	
STREET ADDRESS	7 DUMONT PL	
CITY- ST- ZIP	MORRISTOWN NJ	
TITLE	D	☐ DELETE
NAME	TOMLINSON, BARBARA D	
STREET ADDRESS	7 DUMONT PL	
CITY- ST- ZIP	MORRISTOWN NJ	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident

5/10/96

201-644-5554

CR2E034 (12/95)