

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M88442** (2)

1. Corporation Name

METRO MEDIA MANAGEMENT, INC.

Principal Place of Business

**7982 11TH AVE. SOUTH
ST. PETERSBURG FL 33707**

Mailing Address

**7982 11TH AVE. SOUTH
ST. PETERSBURG FL 33707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/06/1988

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number

59-2945971

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

**LELLMAN, ALBERTA M.
7982 11TH AVE S
ST PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name

ALBERTA M. PIZZOLATO

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

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

Alberta M. Pizzolato

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4/7/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LELLMAN, ALBERTA M.
STREET ADDRESS	7982 11TH AVE S
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	STD
NAME	PIZZOLATO, RICHARD L.
STREET ADDRESS	7982 11TH AVE S
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	☒ Change ☐ Addition
1.2 NAME	PIZZOLATO, ALBERTA M.
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2. 1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. 1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. 1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. 1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. 1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addendum.

SIGNATURE:

Alberta M. Pizzolato
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/7/95

P13/347-7448
(Filing Fee)