FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:05

DOCUMENT # N93000005095 (5)

1. Corporation Name

CIVIC MEDIA CENTER AND LIBRARY, INC.

Principal Place of Business	Mailing Address
~~1716 SW WILLISTON ROAD~~ ~~GAINESVILLE FL 32608~~	~~1716 SW WILLISTON ROAD~~ ~~GAINESVILLE FL 32608~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 04/21/1994
4. FEI Number: ~~59-3051667~~ 59-3208635 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1021 W University Ave.	2a. Mailing Address 26 1021 W University Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip / Country 24 32601 / 25	Zip / Country 29 32601 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUDWIG, HARRIET 2130 NW 31ST AVE. NO. E-10 GAINESVILLE FL 32605	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	COURTER, JOSEPH	12 NAME	
STREET ADDRESS	POST OFFICE BOX 14712 N/A	13 STREET ADDRESS	1627 NE 73rd St.
CITY-ST-ZIP	GAINESVILLE FL 32604	14 CITY-ST-ZIP	Gainesville, FL 32641
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WILLETT, CHARLES	22 NAME	
STREET ADDRESS	1716 SW WILLISTON RD.	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	24 CITY-ST-ZIP	
TITLE	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	~~PIOTROWSKI, MARK~~	32 NAME	delete
STREET ADDRESS	~~707 N.W. 2ND AVENUE APT. LOWER EAST~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~GAINESVILLE FL 32601~~	34 CITY-ST-ZIP	
TITLE	~~VD~~	41 TITLE	☐ Change ☐ Addition
NAME	~~PODOLSKY, MICHAEL B~~	42 NAME	delete
STREET ADDRESS	~~1521 N.W. 7TH AVENUE~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~GAINESVILLE FL 32603~~	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RICARDO, FRANCINE	52 NAME	
STREET ADDRESS	POST OFFICE BOX 2849	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32602	54 CITY-ST-ZIP	
TITLE	~~PD~~	61 TITLE	☐ Change ☐ Addition
NAME	~~SMITH, JEREMY~~	62 NAME	delete
STREET ADDRESS	~~1524 N.E. 7TH TERRACE~~	63 STREET ADDRESS	
CITY-ST-ZIP	~~GAINESVILLE FL 32601~~	64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Willett — Charles Willett — 23 May 95 — (904) 335-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002672