

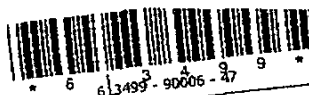
NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

59 NOV -2 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **N 98000003254**  
Corporation Name  
**EQUAL EXPOSURE NETWORK, INC.**

Principal Place of Business Mailing Address  
**5194 Norwood Ave**  
**Jacksonville, Fla. 32208**

Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>June 05, 1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3522488</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>FRANK E. FRAZIER</b> <b>8433 Southside Bv. # 2502</b> <b>Jacksonville, Fla 32256</b>				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	

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**8-24-99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	1.1 TITLE	1.2 NAME	
2. STREET ADDRESS	2.1 STREET ADDRESS	2.2 CITY-STATE-ZIP	
3. CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	
4. NAME	4.1 STREET ADDRESS	4.2 CITY-STATE-ZIP	
5. STREET ADDRESS	5.1 TITLE	5.2 NAME	
6. CITY-STATE-ZIP	6.1 STREET ADDRESS	6.2 CITY-STATE-ZIP	
7. NAME	7.1 TITLE	7.2 NAME	
8. STREET ADDRESS	8.1 STREET ADDRESS	8.2 CITY-STATE-ZIP	
9. CITY-STATE-ZIP	9.1 TITLE	9.2 NAME	
10. NAME	10.1 STREET ADDRESS	10.2 CITY-STATE-ZIP	
11. STREET ADDRESS	11.1 TITLE	11.2 NAME	
12. CITY-STATE-ZIP	12.1 STREET ADDRESS	12.2 CITY-STATE-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EMMANUEL U. MARTIN** **8-24-99** **(904) 766-3760**

Date

Daytime Phone #

CR2E037 (1/98)