

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P12877** (7)

1. Corporation Name
FIRST MEDIA CORPORATION

Principal Place of Business Mailing Address
10220 RIVER RD., #306 POTOMAC MD 20854-4916 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/13/1987** 3a. Date of Last Report **06/24/1994**

4. FEI Number **52-0988170** 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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 changing.)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	POTTER, GLENN T.
STREET ADDRESS	10220 RIVER RD., #306
CITY ST. ZIP	POTOMAC MD
TITLE	VD
NAME	MARRIOTT, J.W. JR.
STREET ADDRESS	10220 RIVER RD., #306
CITY-ST. ZIP	POTOMAC MD
TITLE	SVTD
NAME	HARDY, RALPH W. JR.
STREET ADDRESS	10220 RIVER RD., #306
CITY ST. ZIP	POTOMAC MD
TITLE	DC
NAME	MARRIOTT, RICHARD E.
STREET ADDRESS	10220 RIVER RD., #306
CITY-ST. ZIP	POTOMAC MD
TITLE	D
NAME	MARRIOTT, NANCY PEERY
STREET ADDRESS	10220 RIVER RD.K, #306
CITY ST. ZIP	POTOMAC MD
TITLE	V
NAME	SCHWEITZER, MICHAEL J.
STREET ADDRESS	4466 JOHN YOUNG PARKWAY
CITY ST. ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST. ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Marriott, J.W. Jr. 10220 River Road, #306
2.4 CITY-ST. ZIP	Potomac, MD 20854-4916
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/V/T
3.3 STREET ADDRESS	Hardy, Ralph W. Jr. 10220 River Road, #306
3.4 CITY ST. ZIP	Potomac, MD 20854-4916
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST. ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST. ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	Poulos, James 10400 Fernwood Drive
6.4 CITY ST. ZIP	Pothesda, MD 20817

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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 (change), or on an attachment with an address.

SIGNATURE: *[Signature]* 5/25/95 301-983-2424
DATE: _____ FILE NUMBER: _____