

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. McInam Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P12877**  
 1. Corporation Name  
**First Media Corporation**

Principal Place of Business <b>10220 River Road                  Suite 306                  Potomac, MD 20854-4916</b>	Mailing Address <b>10220 River Road                  Suite 306                  Potomac, MD 20854-4916</b>
---	---

2. Principal Place of Business <b>21 11400 Skipwith Lane</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Potomac, MD</b> Zip <b>20854-</b> Country <b>24 1639 USA</b>	2a. Mailing Address <b>26 11400 Skipwith Lane</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Potomac, MD</b> Zip <b>20854-</b> Country <b>29 1639 USA</b>
---	--

3. Date Incorporated or Qualified <b>January 13, 1987</b>	3a. Date of Last Report <b>June 25, 1995</b>
4. FEI Number <b>52-0988170</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT Corporation System  
 1200 South Pine Island Road  
 Plantation, Florida 33324**

10. Name and Address of New Registered Agent  

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>100001902761</b>
83 <b>-07724796--01009--016</b>
84 City <b>***225.00</b>
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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>C, T, D</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Richard E. Marriott</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>11400 Skipwith Lane Potomac, MD 20854-1639</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>P, D</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Glenn T. Potter</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>11400 Skipwith Lane Potomac, MD 20854-1639</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>VP, D</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>J. W. Marriott, Jr.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>11400 Skipwith Lane Potomac, MD 20854-1639</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>VP, AT</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>James Poulos</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>11400 Skipwith Lane Potomac, MD 20854-1639</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>S, D</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Ralph W. Hardy, Jr.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>11400 Skipwith Lane Potomac, MD 20854-1639</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>AS</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>David D. Wild</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>1200 New Hampshire Ave., NW Ste 300 Washington, DC 20036-6802</b>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **7/18/96** **301-983-2404**

CR2E034 (12/95)