

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12877** (7)
1. Corporation Name
FIRST MEDIA CORPORATION

Principal Place of Business 11400 SKIPWITH LANE POTOMAC MD 20854-1639 US	Mailing Address 11400 SKIPWITH LANE POTOMAC MD 20854-1639 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1987	3a. Date of Last Report 07/23/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-0988170		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, GLENN T.	1.2 NAME	
STREET ADDRESS	11400 SKIPWITH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854-1639	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRIOTT, J.W. JR.	2.2 NAME	
STREET ADDRESS	11400 SKIPWITH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854-1639	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, RALPH W. JR.	3.2 NAME	
STREET ADDRESS	11400 SKIPWITH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854-1639	3.4 CITY-ST-ZIP	
TITLE	CTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRIOTT, RICHARD E.	4.2 NAME	
STREET ADDRESS	11400 SKIPWITH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854-1639	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILD, DAVID D	5.2 NAME	
STREET ADDRESS	1200 NEW HAMPSHIRE AVE. NW STE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036-6802	5.4 CITY-ST-ZIP	
TITLE	VAT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULOS, JAMES	6.2 NAME	
STREET ADDRESS	11400 SKIPWITH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854-1639	6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph W. Hardy Jr.*

301-983-2424

CR2E034 (4/97)