

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12877
 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

3. Date Incorporated or Qualified
01/13/1987

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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4. FEI Number 52-0988170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**CT 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.

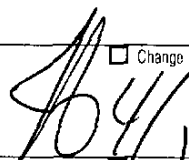
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CTCEOD	<input type="checkbox"/> DELETE
NAME	Marriott, Richard E.	
STREET ADDRESS	11400 Skipwith Lane	
CITY-ST-ZIP	Potomac, MD-20854-1639	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	Poulos, James	
STREET ADDRESS	11400 Skipwith Lane	
CITY-ST-ZIP	Potomac, MD 20854-1639	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Hardy, Ralph W. Jr.	
STREET ADDRESS	11400 Skipwith Lane	
CITY-ST-ZIP	Potomac, MD 20854-1639	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	Wild, David D.	
STREET ADDRESS	1200 New Hampshire Ave. NW Ste 800	
CITY-ST-ZIP	Washington, DC 20036-6802	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Marriott, Nancy Perry	
STREET ADDRESS	11400 Skipwith Lane	
CITY-ST-ZIP	Potomac, MD 20854-1639	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	


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*****150.00**

14. 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 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** **3/27/98** **301-983-2424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)