

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25478**

(9)

1. Corporation Name

ACTMEDIA, INCORPORATED

Principal Place of Business

**301 MERRITT 7
P.O. BOX 5102
NORWALK CT 06856-2102**

Mailing Address

**301 MERRITT 7
P.O. BOX 5102
NORWALK CT 06856-5102
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

07/08/1994

4. FEI Number

11-2657788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 187TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162**

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

Signature typed or printed name of registered agent and tin if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LO CURTO, WAYNE
STREET ADDRESS	301 MERRITT 7
CITY - ST - ZIP	NORWALK CT
TITLE	VC
NAME	MCKEON, ROSS W.
STREET ADDRESS	301 MERRITT 7
CITY - ST - ZIP	NORWALK CT
TITLE	D
NAME	HOAK, JAMES M.
STREET ADDRESS	13344 NOEL RD
CITY - ST - ZIP	DALLAS TX
TITLE	D
NAME	WOODRUM, DOUGLAS N.
STREET ADDRESS	13344 NOEL RD
CITY - ST - ZIP	DALLAS TX
TITLE	D
NAME	KERN, WAYNE
STREET ADDRESS	2185 INGERSOLL AVE
CITY - ST - ZIP	DES MOINES IA
TITLE	S
NAME	BIVONA, DOUGLAS
STREET ADDRESS	301 MERRITT 7
CITY - ST - ZIP	NORWALK CT

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Doug Bivona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #