

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P31837 (8)**  
1. Corporation Name  
**MEDIA PUBLICATIONS, INC.**



Principal Place of Business: **100 S. BISCAYNE BLVD., SUITE 1200 MIAMI FL 33131-2095**  
Mailing Address: **100 S. BISCAYNE BLVD., SUITE 1200 MIAMI FL 33131-2095**

3. Date Incorporated or Qualified: **11/16/1990**  
3a. Date of Last Report: **01/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>65-0214151</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

**9. Name and Address of Current Registered Agent**

**GOODSTONE, DEBRA WEISS  
ZACK, HANZMAN & PONCE & TUCKER  
100 S.E. 2ND STREET, SUITE 2800  
MIAMI FL 33131**

**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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAM, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>100 S. BISCAYNE BLVD., SUITE 1200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, JEFFRY B</b>	2.2 NAME	
STREET ADDRESS	<b>515 POST OAK BLVD., #300</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEIGER, SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>515 POST OAK BLVD., SUITE 300</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZLOTNIK, ROBERT S</b>	4.2 NAME	
STREET ADDRESS	<b>515 POST OAK BLVD., SUITE 300</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, ALLEN J</b>	5.2 NAME	
STREET ADDRESS	<b>515 POST OAK BLVD., SUITE 300</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-17-96** DAYTIME PHONE #: **305-379-2700**

CR2E034 (12/95)