

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000019389 (4)

1. Corporation Name

PACK MEDIA COMPANY, INC.



Principal Place of Business

Mailing Address

2789 N.E. 5TH ST
STE 206
POMPANO BEACH FL 33062
US

2789 N.E. 5TH ST
STE 206
POMPANO BEACH FL 33062
US

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 03/15/1993 | 05/01/1995 |
| 4. FEI Number | Applied For |
| 65-0444613 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| Trust Fund Contribution | <input type="checkbox"/> |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACK, EDMOND
2789 NE 5TH STREET
SUITE 300
POMPANO BEACH FL 33062

| |
|---|
| 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

Edmond Pack N/A

(NOTE: Registered Agent signature required when not changing)

8/4/96 N/A

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|-------------------------|
| TITLE | PD | 11 TITLE | President/Director |
| NAME | PACK, EDMOND | 12 NAME | Avery Pack |
| STREET ADDRESS | 2789 NE 5TH STREET | 13 STREET ADDRESS | 2789 NE 5th Street |
| CITY - ST - ZIP | POMPANO BEACH FL | 14 CITY - ST - ZIP | Pompano Beach, FL 33062 |
| TITLE | VPD | 21 TITLE | VPD |
| NAME | PACK, AVERY | 22 NAME | Edmond Pack |
| STREET ADDRESS | 2789 NE 5TH ST | 23 STREET ADDRESS | 2789 NE 5th Street |
| CITY - ST - ZIP | POMPANO BEACH FL | 24 CITY - ST - ZIP | Pompano Beach, FL 33062 |
| TITLE | S | 31 TITLE | |
| NAME | PACK, SIMON | 32 NAME | |
| STREET ADDRESS | 2789 NE 5TH ST | 33 STREET ADDRESS | |
| CITY - ST - ZIP | POMPANO BEACH FL | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Avery Pack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVERY PACK

8/4/96 (859) 746-4275

CR2E034 (3/96)