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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020269 (5)

GALAXY MEDIA, INC.

Principal Prace of Business Mailing Address								4 YERINDON HIR NEWS NAME ORDER ROTHL CENTE CONTROL HERIT FINIO RITHE HOUSE RITHER HERE				
				10314 N.W. 5TH ST. PLANTATION FL 33324-1603								
								3. Date Incorporated or Qualified 03/15/1993		ate of Last Re 19/1996	eport	
Principal Place of Business 21				2a. Mailing Address				4. FEI Number Applied For 65-0404710 Not Applicable				
Suite, Apt. #, etc				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22				27				5. Certificate of Status Desired		Fee Re	quired	
City & State				City & State			6. Election Campaign Financing \$5.00 May Be					
Zip Country			28	Zip Country				Trust Fund Contribution LJ Added to Fees 6. This corporation has liability for intangible tax under s. 199.032,				
24				9 30				Florida Statutes				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
SPIVACK, MARC L							Name					
10314 N.W. 5TH ST.				82			Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
PLANTATION FL 33324						83						
						00						
						84	City		FL	85 Zip (Code	
11. Pursuant i	to the provisio	ns of Sections 607	.0502 and 6	07.1508, Florida S	Statutes, the a	bov	e-named corpo	oration submits this statement for the p		changing it	s registered	
office or re agent. I a	egistered age m familiar with	nt, or both, in the S Land accept the c	State of Flori obligations o	da, Such change f. Section 607.050	was authorize 5. Florida Sta	d by	y the corporations.	oration submits this statement for the pon's board of directors. I hereby accep	t the app	ointment as	registered	
SIGNATURE		,,	ge	, , , , , , , , , , , , , , , , , , , ,	0,1101100		••					
	Signature typed or	printed name of registers				d Age	ent signature required		DATE			
12.		OFFICERS	AND DIREC	CTORS DELET	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE NAME	D SPIVACK,	MARC I		L DECEN						Change	Addition	
STREET ADDRESS 10314 N.W. 5TH ST.						IAME	ADDRESS					
CITY - \$T - ZIP	DI ANTATIONI EL 00004						ST-ZIP					
TITLE			······································	DELET		******) - TH		····	Change	Addition	
NAME					2.2 M	AME				 ▼ .		
STREET ADDRESS					2.3 9	TREET	ADDRESS	* .				
C(TY-ST-ZIP						CITY-:	ST-ZiP					
TITLE				☐ DELET	E 3,1 7	ITLE				Change	Addition	
NAME					3.2 N	AME						
STREET ADDRESS							ADDRESS					
CITY - ST - ZIP TITLE				DELET			ST-ZIP		 	Change	☐ Addition	
NAME					,	NAME				L.J Criange	- MODIFICAL	
STREET ADDRESS							ADDRESS					
CITY - ST - ZIP							ST-ZIP				,	
THE				☐ DELET			411			Change	☐ Addition	
NAME						IAME		% 		-		
STREET ADDRESS					5.3 9	TREET	ADDRESS	• •				
CITY-ST-ZIP						HTY-S	ST-21P	*. *!				
THTLE				DELET	E 6.1 1	ITLE		. !		Change	Addition	
NAME:						IAME				,		
STREET ADDRESS					6.3 8	TREET	ADDRESS					

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 changing or or an attachment with an address.

SIGNATURE: When 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 changing or or an attachment with an address.

SIGNATURE: When 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 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. I further certify that the information indicated on this 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 of the