

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 # P93000065722 (9)

1. Corporation Name

EDULINK MEDIA, INC.



Principal Place of Business

Mailing Address

454 QUEENSBRIDGE DR.
LAKE MARY FL 32746

454 QUEENSBRIDGE DR.
LAKE MARY FL 32746

2. Principal Place of Business

2a. Mailing Address

21 4799 SOUTH ATLANTIC AVE

26 615 DEERFIELD GALE

3. Date Incorporated or Qualified
09/16/1993

3a. Date of Last Report
05/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3213034

Applied For
Not Applicable

22 APT 106

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 PONCE INLET FL

28 WEXFORD FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 32127 25 USA

29 15090 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, JAMES T
454 QUEENSBRIDGE DR
LAKE MARY FL 32746

81 Name

82 DOTTIE FISHER

83 Street Address (P.O. Box Number is Not Acceptable)

4799 SOUTH ATLANTIC AVE. APT 106

84

City
PONCE INLET

FL

85 Zip Code
32127

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

DOTTIE FISHER

6/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME FISHER, JAMES T
STREET ADDRESS 454 QUEENSBRIDGE DR
CITY-ST-ZIP LAKE MARY FL

☒ DELETE

TITLE VD
NAME VAN PHAM, DEANE
STREET ADDRESS 201 W. PANAMA RD
CITY-ST-ZIP WINTER SPRINGS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

D
FISHER, MONICA
615 DEERFIELD GALE
LAKE MARY FL

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Monica Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/96 (912) 935-6155
Date Daytime Phone #

CR2E034 (3/96)