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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

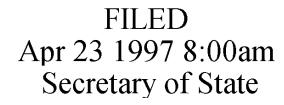
DOCUMENT # 1. Corporation Name

P93000088286 (8)

TMB TELE MEDIA, INC.

Principal Place of Business

Mailing Address





223 S. WESTMONTE ST.* ALTAMONTE SPRINGS FL 32714		425 S. WESTMONTE ST. ALTAMONTE SPRINGS FL 32714-4218						
					 Date Incorporated or Qualified 12/20/1993 		of Last F	•
2. Principal Place of Business 21 445 DOUGLAS AVE 22 P.O. Box 1616					4. FEI Number			pplied For
			69~'				ot Applicable	
Suite, Apt. #, etc Suite. Apt. #, etc 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	nonte spus fi	City & State 28 ALTAHIM E SP65 PL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
4 32714	Country 25 USA	29 32716-1669	Countr	ŠA		Yes 🗌	No	3, 199.032,
	9, Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Aç	<u>jent</u>	
MITCHELL, FRANK O 2 25 S. WESTMONTE DR. 445 DOUGLAS AVAIL ALTAMONTE SPRINGS FL 32714				82 Street Address (P.O. Box Number is Not Acceptable)				
			84	City		FL	85 Zip	Code
agent. Lam SIGNATURE	familiar with and account the Objection	Mons of, Section 607.0505, Flori	ica Statule)0	rporation submits this statement for the p ation's board of directors. I hereby accep uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
THILE	P	☐ DELETE	1.1 TITLE			L	Change	Addition
NAME	MITHCELL, FRANK 0 225 S. WESTMONTE DR 44	T NULLER ME	1.2 NAME					
STREET ADORESS City-St-Zip	ALTAMONTE SPRINGS FL	2 Chora 442 \1. 4	1.3 STREE	T ADDRESS				
TITLE	D	☐ DELETE	2.1 TITLE	21.51		· [Change	Addition
NAME	LUTILOPLE MANOP P	4.48	2.2 NAME					
STREET ADDRESS	225 S. WESTMONTE DR 444	LD ONTHAS WAL	2.3 STREE	T ADDRESS	,	· · · · · · · · · · · · · · · · · · · ·		
CHY+ST-ZIP	ALTAMONTE SPRINGS FL		2. 4 CiTY	- ST - ZIP				
TITLE	DELETE					٠ ـ	_] Change	Addition
NAME			3.2 NAME	Ī				
STREET ADDRESS				ET ADDRESS				
City - S1 - ZIP Title	3. DELETE 4.			-ST-ZIP			Change	Addition
NAME			4. 2 NAME			_		
STREET ADDRESS				T ADDRESS				
CITY-S1-ZIP			4.4 CITY-	ST-ZIP				
Tille		☐ DELETE	5.1 TITLE	Ţ			Change	Addition
NAME			5.2 NAME					
STREET ADURESS				ET ADDRESS				
CITY - S1 - ZIP		☐ DELETE	5.4 CITY -				Change	Additio
TITLE			61 TITLE			L	□ cuange	ביין אטטונוס
NAME CLOCKE ANNOUSES			62 NAME	ì				
STREET ADDRESS			1	ET ADDRESS				
CHTY-ST-7:P			6.4 City	91"ZIP				

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 of 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 changes for on an attachment with an address.

SIGNATURE: