FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
CLASSIFIED CORPORATIONS
95 MAY 28 AM 11:46

DOCUMENT # **P94000009294 (7)**

1. Current Name
CONTINENTAL MEDIA CORPORATION

Principal Place of Business	Mailing Address
2660 SLASH PINE COURT TITUSVILLE FL 32780	2660 SLASH PINE COURT TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:

2. Principal Place of Business 21 127 S. Park Ave.	2a. Mailing Address 26 127 S. Park Ave.	4. FEI Number 59-3228902 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 Titusville, FL	City & State 28 Titusville, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 32796 / 25	Zip / Country 29 32796 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIS, C. GLENN 2660 SLASH PINE COURT TITUSVILLE FL 32780	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 _____ DATE
(Signature, typed or printed name of registered agent and title, if applicable) (NEW Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	WILLIS, C. GLENN	12 NAME		
STREET ADDRESS	2660 SLASH PINE COURT	13 STREET ADDRESS		
CITY ST ZIP	TITUSVILLE FL 32780	14 CITY ST ZIP		
TITLE		21 TITLE	V.P. - TREASURER	☐ Change ☒ Addition
NAME		22 NAME	Willis, Jennifer T.	
STREET ADDRESS		23 STREET ADDRESS	2660 SLASH PINE CT	
CITY ST ZIP		24 CITY ST ZIP	TITUSVILLE, FL 32780	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We 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)(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 changed or added to the report with an address.

SIGNATURE: C. Glenn Willis 3/23/95 407-383-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0416106 FP