

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000012168 (8)

1. Corporation Name

WARFIELD MEDIA COMPANY

Principal Place of Business

400 N ASHLEY DR
SUITE 2080
TAMPA FL 33602
US

Mailing Address

400 N ASHLEY DR
SUITE 2080
TAMPA FL 33602-4329
US

2. Principal Place of Business

21 222 Clematis Street

2a. Mailing Address

26 222 Clematis Street

Suite, Apt. #, etc.

22 200

27 200

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

City & State

Zip

24 33401

Country

25 WPB

29 33401

Zip

30 WPB

Country

9. Name and Address of Current Registered Agent

WARFIELD, EDWIN IV

400 ASHLEY DR

SUITE 2080

TAMPA FL 33602

81 Name

WARFIELD, EDWIN IV

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

122 Clematis Street

83 Suite 200

84 City

TAMPA

FL 85 Zip Code

83401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	7.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	7.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	8.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	8.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	9.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	9.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 05 1997 8:00am
Secretary of State



CR2E034 (9/96)