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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



3. Date Incorporated or Qualified
02/10/1994

3a. Date of Last Report
03/28/1996

2. Principal Place of Business
21 222 Clematis Street

2a. Mailing Address
26 222 Clematis Street

4. FEI Number
52-1867712

Applied For
Not Applicable

Suite, Apt. #, etc.
22 200

Suite, Apt. #, etc.
27 200

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 West Palm Beach, FL

City & State
28 West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 33401

Country
25 WPG

Zip
29 33401

Country
30 WPG

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

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)
222 Clematis Street
83 Suite 200
84 City
TAMPA

FL 85 Zip Code
33401

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
NAME
C WARFIELD, EDWIN IV
STREET ADDRESS
400 N ASHLEY DR SUITE 2080
CITY - ST - ZIP
TAMPA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
C WARFIELD, Edwin IV
222 Clematis Street, Suite 200
West Palm Beach, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Date

Daytime Phone #

CR2E034 (9/96)