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May 01 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000012781 (8)

1. Corporation Name
MEDIA LAND CORP.

Principal Place of Business
**3105 WEST WATERS AVENUE
TAMPA FL 33614**

Mailing Address
**3105 WEST WATERS AVENUE
TAMPA FL 33614-2869**



3. Date Incorporated or Qualified
02/16/1994

3a. Date of Last Report
08/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3279129

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

**KOLP, EU
14550 BRUCE B. DOWNS BLVD.
#229
TAMPA FL 33613**

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

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 **PD** ☐ DELETE
NAME **KOLP, EU**
STREET ADDRESS **14550 BRUCE B. DOWNS BLVD., APT. 229**
CITY- ST- ZIP **TAMPA FL 33613**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **VD** ☐ DELETE
NAME **FRIEDMAN, GERALD**
STREET ADDRESS **3530-1ST AVE. NO. #116**
CITY- ST- ZIP **ST PETERSBURG FL 33713**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Friedman, Gerald**
2.3 STREET ADDRESS **3105 W. Waters Ave. 300**
2.4 CITY- ST- ZIP **St Petersburg, FL. 33614**

TITLE **SD** ☐ DELETE
NAME **KOLPAKCHI, ZANEIDA**
STREET ADDRESS **14550 BRUCE B. DOWNS BLVD., APT. 229**
CITY- ST- ZIP **TAMPA FL 33613**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE **TD** ☐ DELETE
NAME **KOLPAKCHI, MORDEKHA**
STREET ADDRESS **14550 BRUCE B. DOWNS BLVD., APT. 229**
CITY- ST- ZIP **TAMPA FL 33613**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE **VD** ☒ DELETE
NAME **BARRETTE, RUTH**
STREET ADDRESS **P.O. BOX 350326**
CITY- ST- ZIP **TAMPA FL 33695-0326**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97

813-931-9005

Date

Daytime Phone #

000107A

CR2E034 (9/96)