FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1996 DIVISION OF CORPORATIONS									
DOCU 1. Corporation	MENT # P94	00003206	87 (8)						
TOUCH	H MEDIA, INC.	I JOSIJAA: Na 1811 Grati Abii Bani	##::: ##:## (c)	H A 11 5 11 8411 6	6154 1861 1861				
Principal Place of Business Mailing Address									
,									
6601 NW 261 BOCA RATO			6601 NW 26TH WAY BOCA RATON FL 33469					·	
						 Date Incorporated or Qualified 04/25/1994 	1	te of Last F 2/27/199	•
2. Principal P 21	Place of Business	2a. Mailing 26	Address			4. FEI Number 65-0488059			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & Stat	te	City & S	State			Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zip 331	196 25 Country	Zip 29 33	3496 3	Country	V	8. This corporation has liability for Florida Statutes		tax under s	199.032,
	9. Name and Address of	Current Registered Ag	gent			10. Name and Address of New	Registered	Agent	
144476	4 to time 4			81	Name				
WHITE, I				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	TRACOASTAL DRIVE ND BEACH FL 33487			83					
HIGHLY	NU DEACH I'L 33401								
				84	City		FI	85 Z	ip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, F	Florida Statutes, I	the above-	named corpo	oration submits this statement for the pu			registered offic
or registe familiar w	red agent, or both, in the State ith, and accept the obligations o	of Florida. Such change of, Section 607.0505, Fic	was authorized b orida Statutes.	by the corp	xoration's bo	oration submits this statement for the pu and of directors. I hereby accept the app	pointment a	s registered	d agent. I am
SIGNATURE.	LINDA M. W	HITE. PRE	SIDENT		7	ida M. White	ئے ر	3/24	196
	Signature, typed or printed name of registe		(NOTE F		nt signature requir	red when reinstating)	DATE	17	/ <u></u>
12.	OFFICE P	RS AND DIRECTORS	DELETE	13.	 -	ADDITIONS/CHANGES TO OF			
NAME	LINDA M. WHITE	L	1 pecere	1.2 NAME				☐ Change	Addition
STREET ADDRESS	6601 NW 26TH WAY				1 ADDRESS				
CITY - ST - ZIP	DOOL DITON EL COLOR			1.4 CHTY-ST-ZIP					
TITLE] DELETE	2 1 TITLE				Change	Addition
NAME				2 2 NAME					_
STREET ADDRESS				2 3 STREET	T ADDRESS				
CITY-ST-ZIP				24 C(TY-5	ST - ZIP				
TITLE] DELETE	3 1 TITLE				Change	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS				1	T ADDRESS				
CHTY-ST-ZIP			1 DELETE	3 4 CITY - 5	ST - ZIP				· · · · · ·
TITLE		L_] DELETE	4. 1 TITLE				Change	Addition
NAMÉ				4.2 NAME					
STREET ADDRESS	1			4.3 STREET	ADDRESS				

6.4 CITY - ST - ZiP 14. Ido 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)(k), 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 cath; 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

4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

54 CITY-ST-ZIP

5 1 TITLE

5 2 NAME

6 1 TITLE

62 NAME

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILLE

NAME

TITLE

NAME

DELETE

DELETE

CR2E034 (12/95)

Addition

Addition

☐ Change

☐ Change