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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400032067 (8)

TOUCH	MEDIA, INC.				
Principal Plac	e of Business	Mailing Address		1 EDUALDAN SIN INNIN MININ HONAY NOREM DRANI	BBIOD FFIELD FEOTI ODILLA DELLE 1900 LDQ1
BOCA RAYON FL 83496 US		6601 NW 26TH WAY BOCA RATON FL 33496- US	2022		
<u> </u>				3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 04/19/1996
2. Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0488059	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30]Yes ⊠No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	TE, LINDA M		81 Name		
4312 INTRACOASTAL DRIVE HIGHLAND BEACH FL 33487 82 Street Add 600				ress (P.Q. Box Number is Not Acceptab NW 26 771 WAY	le)
			83		
			84 City Box	CA RATON	FL 85 Zip Code 33454
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 age		ITE: Registered Agent signature requir		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.U TOLE		Change Addition
NAME	LINDA M. WHITE		1.2 NAME		Ì
STREET ADDRESS	6601 NW 26TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addilion
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP		·····	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		The rese	4.4 CITY-ST-ZIP		
TATLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Dhoore Address
TITLE		DELETE	6.1 TITLE		☐ Change ☐ 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 eath; 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:

STREET ADDRESS CITY-ST-ZIP

Frankent.

4/25/97 5/1-994-8252

FILED

Jun 05 1997 8:00am

Secretary of State