

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000032508 (1)

1. Corporation Name

MEDIA BARTER ASSOCIATES, INC.



Principal Place of Business

Mailing Address

2255 GLADES RD
SUITE 405 EAST
BOCA RATON FL 33431

2255 GLADES RD
SUITE 405 EAST
BOCA RATON FL 33431

3. Date Incorporated or Qualified
04/26/1994

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **2121 W. Maya Palm Drive**
Suite, Apt. #, etc.

26 **2121 W. Maya Palm Drive**
Suite, Apt. #, etc.

4. FEI Number
65-0487282

Applied For
Not Applicable

22 City & State

27 City & State

23 **Boca Raton, FL**

28 **Boca Raton, FL**

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

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

24 Zip

25 Country

29 Zip

30 Country

33432

USA

33432

USA

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

MCRAE, MITCHELL T
2255 GLADES RD
SUITE 405 EAST
BOCA RATON FL 33431

81 Name

Harold A. Cummings

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

2121 W. Maya Palm Drive

83

84 City

Boca Raton

FL

85 Zip Code
33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Harold Cummings

5/16/96

12. OFFICERS AND DIRECTORS

NOTE: Registered Agent Signature required when first filing.

DATE

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PVST	CUMMINGS, HAROLD	2121 W MAYA PALM DR	BOCA RATON FL 33432	<input type="checkbox"/>
D	CUMMINGS, HAROLD	2121 W MAYA PALM DR	BOCA RATON FL 33432	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1	CUMMINGS, HAROLD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	CUMMINGS, HAROLD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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: *Harold Cummings*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96 Date **212-750-5400** Office Phone #

CR2E034 (12/95)