

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

FILED

Mar 24 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 # P94000032508 (1)

1. Corporation Name
MEDIA BARTER ASSOCIATES, INC.



Principal Place of Business

2121 W MAYA PALM DRIVE
SUITE 405 EAST
BOCA RATON FL 33432
US

Mailing Address

2121 W MAYA PALM DRIVE
SUITE 405 EAST
BOCA RATON FL 33432-7972
US

3. Date Incorporated or Qualified
04/26/1994

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

21 150 East 58th Street
Suite, Apt. #, etc.

2a. Mailing Address

26 150 East 58th Street
Suite, Apt. #, etc.

4. FEI Number

65-0487282

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 New York, NY

City & State

28 New York, NY

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

24 10155 25 USA

Zip Country

29 10155 30 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

COMMINGS, HAROLD A.
2121 W MAYA PALM DRIVE
SUITE 405 EAST
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
Commings, Harold A.
82 Street Address (P.O. Box Number is Not Acceptable)
21 Royal Palm Way
83
84 City
Boca Raton FL 85 Zip Code
33432

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 of principal officer or registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Commings, Harold	
1.3 STREET ADDRESS	21 Royal Palm Way	
1.4 CITY - ST - ZIP	Boca Raton, FL 33432	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Commings, Harold	
2.3 STREET ADDRESS	21 Royal Palm Way	
2.4 CITY - ST - ZIP	Boca Raton, FL 33432	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X *Harold Commings*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

Date Daytime Phone #

CR2E034 (9/96)