

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000039066 (3)

1. Corporation Name  
MEDIA FIRST, INC.



Principal Place of Business  
12232 FT. CAROLINE ROAD  
JACKSONVILLE FL 32225

Mailing Address  
12232 FT. CAROLINE ROAD  
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified  
05/24/1994

3a. Date of Last Report  
07/18/1995

2. Principal Place of Business 21 2251 St. John Bluff Rd Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	4. FEI Number 59-3246302 Applied For Not Applicable
23 City & State Jacksonville FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32216	25 Country Duval	29 Zip 30
23 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROY, LANSING J  
200 W FORSYTH STREET  
STE. 1200  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name Elizabeth M. Davis
82 Street Address (P.O. Box Number is Not Acceptable) 2251 St. John Bluff Rd
83
84 City Jacksonville
85 Zip Code 32216

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 Elizabeth Davis Elizabeth Davis

4/23/96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D	DAVIS, WALLACE R	<input type="checkbox"/> DELETE
NAME	4455 HARBOUR NORTH COURT	
STREET ADDRESS	JACKSONVILLE FL 32225	
CITY-ST-ZIP		
TITLE D	DAVIS, ELIZABETH M	<input type="checkbox"/> DELETE
NAME	4455 HARBOUR NORTH COURT	
STREET ADDRESS	JACKSONVILLE FL 32225	
CITY-ST-ZIP		
TITLE D	DALTON, REESE V	<input type="checkbox"/> DELETE
NAME	2437 N.W. 52ND STREET	
STREET ADDRESS	OKLAHOMA CITY OK 73112	
CITY-ST-ZIP		
TITLE D	SHAFFER, JAMES R	<input type="checkbox"/> DELETE
NAME	19841 DETROIT STREET	
STREET ADDRESS	SOUTH BEND IN 46614	
CITY-ST-ZIP		
TITLE D	ZIMMER, WILLIAM L	<input type="checkbox"/> DELETE
NAME	18075 ROOSEVELT ROAD	
STREET ADDRESS	SOUTH BEND IN 46614	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/23/96 904/642-8902

CR2E034 (12/95)