SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF COMPORATIONS

DOCUMENT #	P94000039755	(1
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MARRNESS MEDIA, INC.

FILED Sep 03 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			- 1900) 000 310 (034) 065(4 005) 000) 104	 		1401 1 111 1 11 1	
2149 MANGO PLACE 2149 MANGO PLACE		CE								
JACKSONVILLE	FL 32207	JACKSONVILLE FL	32207			DO NOT WRITE	INI TUIC COA	CE		
						3. Date Incorporated or Qualified	3a. Date of		Report	
						05/23/1994	05/01		•	
2. Principal Place of Business 21		2a. Mailing Address	2a, Mailing Address 26			4. FEI Number			pplied For	\exists
						59-3244791 No.				e
Suite, Ap1. #, etc. Suite, Ap 27		Suite, Apt #, et	Apt #, etc.			5. Certificate of Status Desired	□ \$		Additional Required	
City & State		City & State	City & State			Election Campaign Financing \$5.00 May Be				٦
23		28	······ 1 ···· 2 ··			Trust Fund Contribution			to Fees	_
Zip 24	Country	Zip		untry		8. This corporation owes or has pai				ı
24	9. Name and Address of Curre	129 Agent	30	т		Personal Property Tax due June 10. Name and Address of New Reg			No	
MAD	REN, RICHARD B	in Hogistered Agent		81	Name	10. Name and Address of New Ret	IISTOI OU AGO			\dashv
	MANGO PLACE									
				82	Street Add	ress (P.O. Box Number is Not Acceptable	e)			
SUITE 2254 JAX FL 32207				83					h = m t	\dashv
5,51			,					 -		
				84	City		FL 8	5 Zip	Code	
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the a	sbove	named corp	poration submits this statement for the pation's board of directors. I hereby accep	rpose of cha	nging	its registered	1
agent. I am	familiar with, and accept the oblig	gations of, Section 607.05	05, Florida Sta	atutes.	tue corbora	tions board or directors, I hereby accep	trie appoint	nent a	s registered	
SIGNATURE	gnature, typod or printed name of registered ag	nort and the it applicable	(NC)II : Registers	ad Agen	t constitue recui	ired when reinstating)	DATE			.
12.		ND DIRECTORS	13.		it signaturs redor	ADDITIONS/CHANGES TO OFFIC		RECTO	RS IN 12	6
TITLE	D	☐ DELET						Change		<u>, {</u>
NAME	MARREN, RICHARD G		1.2 N	NAME						3
STREET ADDRESS	2149 MANGO PLACE		1.3 \$	STREET A	ADDRESS					}
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 0	CITY-ST	- ZIP					5
TITLE		DELET	E 2.11	ITLE.				Change	Addition	7 ر
NAME		22		2.2 NAME						-
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CITY-ST-ZIP				CITY-ST	- ZIP	• • •	()			╛
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STREET ADDRESS					DDRESS					
CITY-ST-ZIP TITLE		DELFT		ITY-SI-	- ZIP			Change	Addition	\dashv
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STREET ADDRESS					DDRESS					
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NAME		<u></u> 50000	6.2 N					-minge	L AUGIROII	`
STREET ADDRESS					DDRESS					
CITY-ST-ZIP	A			:11Y-S1-	1					
UIII QI EII			0.4 G	111.91.	- ¢11					_1

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 a milat 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 I changed, or on an attachment with an address.