SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000041387 (9)**

1. Corporation Name
MUELLER & ASSOCIATES MEDIA, INC.

Principal Place of Business	Mailing Address
3816 LINEBAUGH AVE. SUITE 204 TAMPA FL 33624	3816 LINEBAUGH AVE. SUITE 204 TAMPA FL 33624

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report: 03/15/1995
4. FEI Number: 59-3245204 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1413 S. HOWARD	26 1413 S. HOWARD
22 Suite, Apt. #, etc: 210	27 Suite, Apt. #, etc: 210
23 City & State: TAMPA FL	28 City & State: TAMPA FL
24 Zip: 33606 25 Country: US	29 Zip: 33606 30 Country: US

9. Name and Address of Current Registered Agent

WEINSTEIN, DAVID B
201 N. FRANKLIN ST.
SUITE 2600
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature required for each change of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KURT MUELLER		1.2 NAME	
STREET ADDRESS	~~9816 W LINEBRUGH AVE, SUITE 204~~		1.3 STREET ADDRESS	1413 S. HOWARD #210
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
NAME	LINDA MUELLER	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	~~3816 W LINEBRUGH AVE, SUITE 204~~		2.2 NAME	
CITY-ST-ZIP	TAMPA FL		2.3 STREET ADDRESS	1413 S. HOWARD #210
			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
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			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12. or Block 13. if changed, or on an attachment with an address.

SIGNATURE: Linda Mueller 2/7/96 (813)258-8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104324 CP