FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUL 14 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050699

1. Corporation Name

LAUREL MEDIA, INC.

Principal Place of Business	Mailing Address
~~2215 RIVER BOULEVARD~~ Jacksonville, Florida ~~32204~~	Same 4191 San Juan Ave. Jacksonville, Florida 32210

(please note address change)

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/94
3a. Date of Last Report:

2. Principal Place of Business: 21 4191 San Juan Avenue
2a. Mailing Address: 26 Same

4. FEI Number: 59-3257344 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

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

City & State: 23 Jacksonville, Florida
City & State: 28 Same

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

Zip: 24 32210 Country: 25 USA
Zip: 29 Same Country: 30 Same

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

William H. Jeter, Jr.
3030 Hartley Road, Suite 200
Jacksonville, Florida 32257

10. Name and Address of New Registered Agent

81 Name: William H. Jeter, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Boulevard
83
84 City: Jacksonville **FL** 85 Zip Code: 32257

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] 6/15/95
Signature of current or next registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/S/T/D	11 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	James N. Overton	12 NAME	James N. Overton	
STREET ADDRESS	2215 River Boulevard	13 STREET ADDRESS	4191 San Juan Avenue	
CITY-ST-ZIP	Jacksonville, Florida 32204	14 CITY-ST-ZIP	Jacksonville, Florida 32210	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME	400001540024	
STREET ADDRESS		23 STREET ADDRESS	-07/18/95--01075--002	
CITY-ST-ZIP		24 CITY-ST-ZIP	****225.00 ****225.00	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: James N. Overton 7-5-95 (904) 389-7744
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #