

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 APR 17 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058410 (9)

1. Corporation Name

NEW FRONTIER MEDIA, INC.

Principal Place of Business

428 BUNKERS COVE RD.
PANAMA CITY FL 32401

Mailing Address

428 BUNKERS COVE RD.
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 626 E. BUS 98

2a. Mailing Address

26 626 E. BUS 98

4. FEI Number

59-3259463

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 PANAMA CITY, FL

City & State

28 PANAMA CITY, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 32401

25 USA

29 32401

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

COTTON, BERNICE P
428 BUNKERS COVE RD.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

COTTON, BERNICE P.

82 Street Address (P.O. Box Number Not Acceptable)

626 E. BUS 98

83

84 City

PANAMA CITY, FL

85 32401

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, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COTTON, BERNICE P
STREET ADDRESS 428 BUNKERS COVE RD.
CITY, ST., ZIP PANAMA CITY FL 32401

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE D
NAME COTTON, SAJIE B
STREET ADDRESS 428 BUNKERS COVE RD.
CITY, ST., ZIP PANAMA CITY FL 32401

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

6 1 TITLE Change 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 110 (07)(3)(b), 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, above, or on an attachment with an address.

SIGNATURE:

B.P. Cotton B.P. COTTON

4-6-95

904-763-9680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

(Original Phone #)