

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:35**

DOCUMENT # P94000059478 (5)

1. Corporation Name

MEDIA ONE OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

~~405 6TH AVE. N.
TIERRA VERDE FL 33715~~

~~405 6TH AVE. N.
TIERRA VERDE FL 33715~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/11/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 4707 140TH AVE. N.

26 4707 140TH AVE. N.

59-325-1821

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 # 301

27 # 301

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 CLEARWATER, FL.

28 CLEARWATER, FL.

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

24 34622

25 PINELLAS

29 34622

30 PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAUFFMAN, JAY E
5999 CENTRAL AVE, 203
ST PETERSBURG FL 33710

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature, typed or printed name of registered agent and title if 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 FRIEDMAN, ERNEST
STREET ADDRESS 5135 34TH ST S
CITY-ST-ZIP ST PETERSBURG FL 33711

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HAKIAMIAN, GARY
STREET ADDRESS 405 6TH AVE N
CITY-ST-ZIP TIERRA VERDE FL 33715

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME FORDE, DERMOT
STREET ADDRESS 2411 BAY BLVD
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

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)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Gary E. Hakimian GARY E. HAKIAMIAN 4/5/95 (813)530-1009

Date

Telephone Faxes