

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 # P94000065863 (0)

1. Corporation Name

D & B MEDIA ASSOCIATES, INC.



Principal Place of Business

Mailing Address

1013 S.E. 12TH PLACE
CAPE CORAL FL 33990

1013 S.E. 12TH PLACE
CAPE CORAL FL 33990

3. Date Incorporated or Qualified

09/07/1994

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0530484

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

Signature of officer or director of corporation and the registered agent

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
MARION, DOLORES A
787 B MEADS LANE
STORMVILLE NY

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
MARION, DOLORES A
Box 125
Stormville NY 12580

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

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161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

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191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP

201 TITLE 202 NAME 203 STREET ADDRESS 204 CITY-ST-ZIP

211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

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281 TITLE 282 NAME 283 STREET ADDRESS 284 CITY-ST-ZIP

291 TITLE 292 NAME 293 STREET ADDRESS 294 CITY-ST-ZIP

301 TITLE 302 NAME 303 STREET ADDRESS 304 CITY-ST-ZIP

311 TITLE 312 NAME 313 STREET ADDRESS 314 CITY-ST-ZIP

321 TITLE 322 NAME 323 STREET ADDRESS 324 CITY-ST-ZIP

331 TITLE 332 NAME 333 STREET ADDRESS 334 CITY-ST-ZIP

SIGNATURE:

Dolores A. Marion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96

941-772-0088

Date

Phone Number

CR2E034 (3/96)