FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000012134 (9)**

1. Corporation Name

GLOBAL AUDIENCE PROVIDERS, INC.

Principal Place of Business	Mailing Address
819 PEACOCK PLAZA SUITE 638 KEY WEST FL 33040	819 PEACOCK PLAZA SUITE 638 KEY WEST FL 33040

3. Date Incorporated or Qualified: 02/13/1995

3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0556081 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Robin Beede
82 Street Address (P.O. Box Number is Not Acceptable): 1024 MARGARET ST.
83
84 City: Key West FL 85 Zip Code: 33040

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: X Robin Beede — 5/26/96
(Signature, typed or printed name of registered agent and the date. Both Registered Agent signatures are required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	V/T/D	☐ Change ☒ Addition
NAME	BEEDE, KEVIN		1.2 NAME	Beede, Robin	
STREET ADDRESS	819 PEACOCK PLAZA, STE. 638		1.3 STREET ADDRESS	819 Peacock Plaza, Ste. 638	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP	Key West FL 33040	
TITLE	D	☒ DELETE	2.1 TITLE	P/S/D	☐ Change ☒ Addition
NAME	HIMEBAUGH, LANGDON		2.2 NAME	Himebaugh, Maria	
STREET ADDRESS	819 PEACOCK PLAZA, STE. 638		2.3 STREET ADDRESS	819 Peacock Plaza, Ste. 638	
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP	Key West FL 33040	
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	700001850057	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-06/04/96 --01106--016	
TITLE		☐ DELETE	6.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 above, or on an attachment with an address.

SIGNATURE: Robin Beede — 4/29/96 — 305-292-6922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #