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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000037727 (1)**

1. Corporation Name
R/W MEDIA, INC.

Principal Place of Business	Mailing Address
510 RAVEN AVE. **MIAMI FL 33166**	**510 RAVEN AVE.** **MIAMI FL 33166-3951**

2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 661658
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Miami Springs, FL
Zip / Country 24 / 25	Zip / Country 29 33266-1658 / 30 Dade

3. Date Incorporated or Qualified: **05/12/1995**
3a. Date of Last Report: **04/04/1996**
4. FEI Number: **65-0601523** ☐ 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
ARONOWITZ, JUDD A ESQ **7900 RED ROAD, SUITE 12** **MIAMI FL 33134**	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D, P	☒ Change ☐ Addition
NAME	WELCH, LAUREL		1.2 NAME	Welch, Laurel	
STREET ADDRESS	510 RAVEN AVE.		1.3 STREET ADDRESS	510 Raven Ave	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP	Miami FL 33166	
TITLE	D	☐ DELETE	2.1 TITLE	D, VP	☒ Change ☐ Addition
NAME	ROBBIE, CHRISTOPHER H		2.2 NAME	Robbie, Christopher H.	
STREET ADDRESS	626 VALENCI #1		2.3 STREET ADDRESS	626 Valencia, #1	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEBB-ROBBIE, AMY C		3.2 NAME		
STREET ADDRESS	3909 S.W. 62ND AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, ALLAN D		4.2 NAME		
STREET ADDRESS	510 RAVEN AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 _____ 3/10/97