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

PROFIT **CORPORATION** ANNUAL REPORT



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

1996

1. Corporatio	MENT # P95000 YMEDIA, INC.	0065348 (1	1)				1.11.16 (11.11 1.11.16) (11.11 16.11
Principal Place	e of Business	Mailing Address					91100
609 WEST HORATIO ST. TAMPA FL 33606		609 WEST HORATIO TAMPA FL 33606	ST.				
					3. Date Incorporated or Qualified 08/23/1995	3a. Date of	Last Report
	lace of Business	2a. Mailing Address			4. FEI Number	····	Applied For
Suite, Apt.	# ato	Suite, Apt. #, etc.			59-33350	202	Not Applicable
22 27					5. Certificate of Status Desired	П	\$8.75 Additional
City & State		<del></del>	City & State		6. Election Campaign Financing		Fee Required
23		28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for i	intangible tax u	
24	[25]	29	30		Florida Statutes  Yes	□ No	
	9. Name and Address of Curren	Registered Agent		[ ·	10. Name and Address of New R	egistered Ag	ent
MODEY	, GREGORY D		81	Name			
	HORATIO ST.		82	Street Add	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33606			83				
			<b></b>				
			84	City			85 Zip Code
41 10g.c.c.	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Soon change was allinon.	CHICA EDV. ICHEL CICHEN	named corpor oration's boar	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of chang pintment as reg	ing its registered office gistered agent. I am
SIGNATURE	•						
12.	Signature, typed or printed name of registered agent a		OTE: Registere o Agret	t son at nemeron are		DATE	
TITLE	T <b>D</b>	S AND DIRECTORS  DELETE			ADDITIONS/CHANGES TO OFF		
NAME	MOREY, GREGORY D	EY, GREGORY D WEST HORATIO ST.					Change Addition
STREET ADDRESS	609 WEST HORATIO ST.			AODRESS			
CITY-ST-ZIP	TAMPA FL 33606			1-2/P			
THLE	D	DELFTE	2 1 HILE	·			Change Addition
NAME	MOREY, TAMMY J		2.2 NAME				* LJ
STREET ADDRESS	609 WEST HORATIO ST.		2 3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606		2 4 CITY - S	!- ZIP			
TITLE	SAHLMAN, ANN V	□ DELETE	3 1 11766				hange 🔲 Addition
NAME STREET ADDRESS	ROO WEST HODATIO ST		3.2 NAME				
CITY-ST-ZIP	TAMPA FL 33606		33 STREET				
TITLE		DELETE	34 Driy-Si 4 1 Trite	1 · ZIP		————	hange
NAME			4.2 NAME			L., C	hange
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S1				
TITLE		□ DELETE 5 1					hange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP TITLE		Flourit	5.4 CiTY-S1	- ZIP			
NAME		DELETE	6.1 TITLE			□ c	hange 🔲 Addition
STREET ADDRESS			6 2 NAME	IDDECCC			
CITY-ST-ZIP			6.3 STREET A				
	certify that the information supplied wi	th this filing is voluntarily furn	64 CHY-ST ished and does	not qualify fo	or the exemption stated in Section 119.0	17(3)/k) Elorida	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:

3-12-96 813-254-7444