

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077451 (9)

1. Corporation Name
LING MEDIA, INC.



Principal Place of Business

P.O. BOX 23333
JACKSONVILLE FL 32241-3333

Mailing Address

P.O. BOX 23333
JACKSONVILLE FL 32241-3333

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

9. Name and Address of Current Registered Agent

LING, JULIA E
9252 SAN JOSE BLVD., #101
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report
n/a

4. FEI Number
59-3338018

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

10. Name and Address of New Registered Agent

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 607.0702 and 607.1508, Florida Statutes, the above named corporation adopts 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 607.0605, Florida Statutes.

SIGNATURE

Julia Ling *Julia Ling*

4/4/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DE FILE

NAME
Julia E. Ling
STREET ADDRESS
9252 San Jose Blvd., #101
CITY, ST, ZIP
Jacksonville, Fl. 32257

TITLE ☐ DE FILE

NAME
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CITY, ST, ZIP

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TITLE ☐ DE FILE

NAME
STREET ADDRESS
CITY, ST, ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Julia Ling *Julia Ling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 904/932-8821

Design: [illegible]

CR2E034 (12/95)