FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000077451 (9)

LING MEDIA, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of	Business	Mailing Address			- 100419Es 110 18464 61515 80411 80115 80114 80114 10011 91501 91501 9160(1101 1001	
P.O. BOX 23333 P.O. BOX 23333						
JACKSONVILLE FL 32241-3333 JACKSONVILLE FL 32241-33			-3333		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					10/05/1995	
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3338018 Not Applicab	
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. Yes No	
	Name and Address of Current	i Hegistered Agent	8	1 Name	10. Name and Address of New Registered Agent	
	JULIA E		ľ	Name	U	
	SAN JOSE BLVD., #101		8:	2 Street	t Address (P.O. Box Number is Not Acceptable)	
JACK	SONVILLE FL 32257		8	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			•	3		
			8	4 City	85 Zip Code	
44 6		2 2 CO7 4500 FI 01-1-4-	. 45 5 -		FL 3 25 code	
office or regis	stered agent, or both, in the State	of Florida. Such change was a	is, the abo uthorized t	ve-named by the con	d corporation submits this statement for the purpose of changing its registere orporation's board of directors. I hereby accept the appointment as registered	
agent. I am fe	amiliar with, and accept the obliga	tions of, Section 607.0505, Flor	rida Statuti	es.		
SIGNATURE SIGN	unture, typed or printed name of registered agen	of and title if applicable (AIOTE	- Degistered &	nent signature	re required when reinstating) DATE	
12.	OFFICERS AND		13.	Bent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	DP	DELE te	1.1 TITLE		Change Addition	
NAME	LING, JULIA E.		1.2 NAME			
	9252 SAN JOSE BLVD, #101		1.3 STREI	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-	ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREI	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	-SY-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. DITY	- \$T - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-\$1-ZIP			4.4 City-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	et address	;	
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CiTY			
14. I hereby certi	that the information supplied with	th this filing does not qualify for	the exem	ntion state	ted in Section 119.07(3)(i). Florida Statutes. I further certify that the information	

14. Thereby certify that the information supplied with this filing does not quality 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.

5/1: /5 /2

14/94 904/332-8824

ZE034 (10/97)