SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Sep 09 1996 8:00 am
Secretary of State

DOCUMENT # P95000080626 (1)

1. Corporation Name

VISUAL MEDIA, INCORPORATED

Principal Place of Business: ~~5916 IDLE FOREST PLACE TAMPA FL 33614~~ 333 S. Franklin St. Tampa, FL 33602

Mailing Address: ~~5916 IDLE FOREST PLACE TAMPA FL 33614~~ P.O. Box 3432 Tampa, FL 33601

3. Date Incorporated or Qualified: 10/18/1995
3a. Date of Last Report:

2. Principal Place of Business (21): 333 S. Franklin St	2a. Mailing Address (26): P.O. Box 3432
Suite, Apt #, etc (22):	Suite, Apt #, etc (27):
City & State (23): Tampa FL	City & State (28): Tampa FL
Zip (24): 33602 Country (25): USA	Zip (29): 33601 Country (30): USA

4. FEI Number: 59-3340938 ☐ 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

CANONICO, ERIC
5916 IDLE FOREST PLACE
TAMPA FL 33614

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 607.0502 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 ____________

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CANONICO, ERIC	
STREET ADDRESS	5916 IDLE FOREST PLACE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	☐ DELETE
NAME	CANONICO, KAREN	
STREET ADDRESS	5916 IDLE FOREST PLACE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	Brooks, Barney	
1.3 STREET ADDRESS	1013 S. Dakota #A	
1.4 CITY-ST-ZIP	Tampa, FL 33606	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	100001855411	
2.3 STREET ADDRESS	-09/24/96--01167--036	
2.4 CITY-ST-ZIP	****375.00 ****375.00	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Dean 9-19-96

CR2E034 (3/96)

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)(k), 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: [signature] Barney W. Brooks 8/10/96 (813)274-8470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR