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

DOCUMENT # P95000090066 (8)

1. Corporation Name

MEDIA ZONE, INC.

Principal Place of Business	Mailing Address
13604 PUB PLACE TAMPA FL 33624	13604 PUB PLACE TAMPA FL 33624

3. Date Incorporated or Qualified: 11/28/1995
3a. Date of Last Report:

2. Principal Place of Business
21 5537 Sheldon Rd
Suite, Apt #, etc.
22
City & State
23 Tampa Florida
Zip 24 33615 Country 25

2a. Mailing Address
26 5537 Sheldon Rd
Suite, Apt #, etc.
27
City & State
28 Tampa Florida
Zip 29 33615 Country 30

4. FEI Number: 59-3339612 ☐ 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

OTTE, ALAN H
13604 PUB PLACE
TAMPA FL 33624

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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	OTTE, ALAN H	
STREET ADDRESS	13604 PUB PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	~~P/D~~	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	☐ Change ☒ Addition
2.2 NAME	Wenifer Schille	
2.3 STREET ADDRESS	3130 Lambright St.	
2.4 CITY-ST-ZIP	Tampa Fla 33614	
3.1 TITLE	VP/S/D	☐ Change ☒ Addition
3.2 NAME	Lenore Glockson	
3.3 STREET ADDRESS	14021 Village Ter Dr	
3.4 CITY-ST-ZIP	Tampa Fla 33624	
4.1 TITLE	S/T	☐ Change ☒ Addition
4.2 NAME	Bonnie Kalin	
4.3 STREET ADDRESS	52 Citrus Ave	
4.4 CITY-ST-ZIP	Dunedin, FLa 34698	
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		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lenore Glockson — 6/28/96 — 883-3484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LENORE GLOCKSON