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May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000015405 (9)  
1. Corporation Name  
ELECTRONIC MEDIA UNLIMITED, INC.



Principal Place of Business Mailing Address  
2125 W. SILVER HILL LN.  
LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 2143 W. NORVELL BRYANT HWY. 26 2143 W. NORVELL BRYANT HWY.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 LECANTO, FL 28 LECANTO, FL  
Zip Country Zip Country  
24 34461 25 CITRUS 29 34461 30 CITRUS

3. Date Incorporated or Qualified  
02/15/1996  
4. FEI Number 59-3362183 Applied For  
Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
PONDER, CHARLES J  
2887 B N. FLORIDA AVE.  
HERNANDO FL 34442  
10. Name and Address of New Registered Agent  
81 Name JOHN J. CEPARANO  
82 Street Address (P.O. Box Number is Not Acceptable)  
7601 N. FLORIDA AVE.  
83  
84 City CITRUS SPRINGS FL 85 Zip Code 34434

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 John J. Ceparano 1/29/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------|---|--|
| TITLE                      | D                       | 1.1 TITLE   |  |
| NAME                       | SWEENEY, GREGORY J      | 1.2 NAME  |  |
| STREET ADDRESS             | 2125 W. SILVER HILL LN. | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LECANTO FL 34461        | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 2.1 TITLE   |  |
| NAME                       |                         | 2.2 NAME  |  |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 3.1 TITLE   |  |
| NAME                       |                         | 3.2 NAME  |  |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 4.1 TITLE   |  |
| NAME                       |                         | 4.2 NAME  |  |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 5.1 TITLE   |  |
| NAME                       |                         | 5.2 NAME  |  |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 6.1 TITLE   |  |
| NAME                       |                         | 6.2 NAME  |  |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE [Signature] 4-14-98

CR2E034 (10/97)