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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000025286 (1)

, corporting	MEDIA MARKETING, II		) (1)				
Principal Plac 4141 W WATER	ce of Business RS AVE	4141 W WATE	Mailing Address 4141 W WATERS AVE			I TRECIDENT THE PRINT WHILE DRINK DRINK DRINK	BOULE TIME! OTHER STOOL SOME ONLY AND!
TAMPA FL 33614 TAMPA FL 33614-8116							
						3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report
2. Principal F	Place of Business	<b>⊢</b> ¬	2e. Mailing Address			4. FEI Number 59-3370709	Applied For Not Applicat
Suite, Apt #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & St	ate	<del></del>		6. Election Campaign Financing	\$5.00 May Be
<b>Z</b> ip	Country	28 Zip		Country		Trust Fund Contribution  8. This corporation has liability for i	ntangible tax under s. 199.032,
24	9. Name and Address of	Current Registered Acre		30		Florida Statutes  10. Name and Address of New Reg	Yes No
CAL		Carrell Registered Age		81	Name	10. Inditio and Modres of front field	Negation village
CAMPBELL, DENNIS 4141 W WATERS AVE TAMPA FL 33814				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)
				83	83		
				84	City		85 Zip Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508.	lorida Statute	s, the above	l ∋-named cor	poration submits this statement for the p	urpose of changing its register
office or agent. I a	registered agent, or both, in them am familiar with, and accept the	ne State of Florida. Such one obligations of, Section	change was a 607.0505, Flo	uthorized by rida Statutes	the corpore  3.	ation's board of directors. I hereby accep	at the appointment as registered
SIGNATURE	Signature, typed or printed parise of reg	istered acress and tills it applicable	INOTE	Registered Age	ont signature regu	Fed when reinstating)	DATE
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
THE	D		DELETE	1.1 TITLE			☐ Change ☐ Addit
NAME	COURSEY, WILLIAM J			1.2 NÅME			
STREET ADDRESS	9402 EDENTON WAY			1.3 STREET	ADDRESS		
CHY-S1-7IF	TAMPA FL 33626			1.4 CITY - S	1-2IP		
TIBLE	D	L	) DELETE	2.1 TITLE			Change Addit
NAME	TINSLEY, ROBERT J			2.2 NAME	l		
STREET ADDRESS	4708 BULLOCK CT			2.3 STREET	1	·	
CAY-ST ZIP TITLE	TAMPA FL 33624		DELETÉ	2.4 CITY-5 3.1 TITLE	ST-ZIP		Change Addit
NAME	LEBRUN, DENIS	L	] OCCUL	3.2 NAME			C ounde C Noun
STREET ADDRESS	12721 BARRETT DRIVE			3 3 STREET	ADDRESS		
CHTY - S1 - Zin	TAMPA FL 33624			3.4. C/TY-5			
TIBLE	D		DELETE	4.1 TITLE			☐ Change ☐ Addit
NAME	RUSSELL, JERRY D			4. 2 NAME	ĺ		
STREET AUDRESS	4390 SUGAR MAPLE CT	Ī		4.3 STREET	ADDRESS		
City-St-ZiP	TITUSVILLE FL 32780			4.4 CITY - S	T-ZIP		
TOLE			DELETE	5.1 TITLE			Change Addit
NAME				5.2 NAME	[		
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-S1-ZIP			T pries	5.4 CITY - S	T-ZIP	Page	
3117.6		L	DELETE	6 1 TITLE	1		Change Addit
NAME:				6.2 NAME			
STREET ADDRESS				6.3 STREET	1		
CITY-ST-ZIP	L			6.4 CITY - S	iT-ZIP		

14. I do hereby certify that the information supplied with this filling 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 chapter 607 or on an attachment with an address.

SIGNATURE

SANTURE AND TYPEO ON PRINTED NAME OF BROWNS OFFICER ON DIRECTOR

4-30-97

**FILED** 

May 07 1997 8:00am

Secretary of State

(81))887-3319 Daytimo Phone #