

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

FILED

Apr 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # P96000035049 (1)</b> 1. Corporation Name <b>NH MEDIA, INC.</b>	
Principal Place of Business <b>2285 CORPORATE BLVD., STE. 222</b> <b>PO BOX 5010</b> <b>BOCA RATON FL 33431</b>	Mailing Address <b>2285 CORPORATE BLVD., STE. 222</b> <b>PO BOX 5010</b> <b>BOCA RATON FL 33431-0810</b>



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/23/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0667916</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC.</b> <b>ONE S.E. THIRD AVE.</b> <b>27TH FLOOR</b> <b>MIAMI FL 33131</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	DPST	Change	Addition
NAME	HERRICK, NORTON			1.2 NAME			
STREET ADDRESS	2295 CORPORATE BLVD., #222, PO BOX 5010			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			1.4 CITY-ST-ZIP			
TITLE		DELETE		2.1 TITLE	VAS	Change	Addition
NAME				2.2 NAME	HOWARD HERRICK		
STREET ADDRESS				2.3 STREET ADDRESS	20 COMMUNITY PLACE 3RD FLOOR		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	MORRISTOWN NJ 07960		
TITLE		DELETE		3.1 TITLE	VAS	Change	Addition
NAME				3.2 NAME	MICHAEL HERRICK		
STREET ADDRESS				3.3 STREET ADDRESS	2295 CORPORATE BLVD NW SUITE 222		
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Howard Herrick* VP 4/2/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)