

FILED
May 17, 1999 8:00 am
Secretary of State

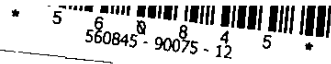
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000042003 OK ✓**
 f. Corporation Name
VISION MEDIA GROUP, INC.



Principal Place of Business Mailing Address
106 S. Monroe St.
Tallahassee, FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 106 S. Monroe St.	2a. Mailing Address 28 106 S Monroe	4. FEI Number 59-3393755	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Tallahassee FL	28 City & State Tallahassee FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 32301	25 Country USA	29 Zip 32301	30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Stephen D. Hull
	82 Street Address (P.O. Box Number is Not Acceptable) 106 S. Monroe St.
	83
	84 City Tallahassee FL 85 Zip Code 32301

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	
NAME WILLIAM H. LICKSON	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
STREET ADDRESS 106 S MONROE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	
CITY-ST-ZIP TALLAHASSEE, FL 32301	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	
NAME STEPHEN D HULL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
STREET ADDRESS 106 S. MONROE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	
CITY-ST-ZIP TALLAHASSEE FL 32301	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	
NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
STREET ADDRESS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	
CITY-ST-ZIP	6.3 STREET ADDRESS	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, with all other like empowered.

SIGNATURE: *[Signature]* Date: **4-27-98** Daytime Phone #: **850-681-8535**

CR2E034 (1/198)