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

Mailing Address

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Wogtham

ZOO MEDIA, INC.

Principal Place of Business

ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # P96000044759 (4)

FILED Jun 05 1997 8:00am Secretary of State



-1400 NW 122ND AVENUE	- 1400 NW 182ND AVENUE FT. LAUDERDALE FL 33323-2	426		
			3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	22 1.42	4. FEI Number	Applied For
27 4987 NW 23 Avenue		23 Avenu	12 65-0688364	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 fort lauderdale, fi		erdale, Fc	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
zip 33309 zs Country LSA	29 33309 3	Country DSA		Yes No
9. Name and Address of Curre FITZGERALD, JOHN	nt Registered Agent	81 Nappe ı	10. Name and Address of New Reg	ilstered Agent
1400 NW-122ND AVENUE FT. LAUDERDALE FL 33323-2428 82 Str40 girgs (7) Pay Number of Strand and FL 85 Zip Code 84 City For the Lauderd and FL 85 Zip Code 85 Str40 girgs (7) Cf- (0 11 der d and FL 85 Zip Code 86 City For the Lauderd and FL 85 Zip Code 87 City For the Lauderd and FL 85 Zip Code 88 City For the Lauderd and FL 85 Zip Code 89 City For the Lauderd and FL 85 Zip Code 80 City For the Lauderd and FL 85 Zip Code 80 City For the Lauderd and FL 85 Zip Code 80 City For the Lauderd and FL 85 Zip Code 81 City For the Lauderd and FL 85 Zip Code 82 City For the Lauderd and FL 85 Zip Code 83 City For the Lauderd and FL 85 Zip Code 84 City For the Lauderd and FL 85 Zip Code 85 Zip Code 86 City For the Lauderd and FL 85 Zip Code 87 City For the Lauderd and FL 85 Zip Code 87 City For the Lauderd and FL 85 Zip Code 88 City For the Lau				
11. Pursuant to the provisions of Actions 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, official, 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 family by the purpose of changing its registered agent. I am family by the purpose of changing its registered agent. I am family by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family by the corporation of the purpose of changing its registered of the corporation is statement for the purpose of changing its registered of the				
SIGNATURE 101 (129)97				
	pent and trie Mapplicable (NOTE: H ND DIRECTORS	Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 12
TITLE CEO.	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CITIC	Change Addition
NAME 2 obert Newman		1.2 NAME		
STREET ADDRESS 4987 NW 23 AV-C		1.3 STREET ADDRESS		
CITY-ST-ZIP Ft, Land. Fr 33		1.4 CiTY-S1-ZiP		
TITLE Chairman,	☐ DELETE	2.1 TITLE		Change Addition
NAME John Gregerald		2.2 NAME		
STREET ADDRESS 4987 NW 23 AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP Pr. Laudy 12 33		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	•	Change Addition
NAME		3.2 NAME		ľ
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		34. CITY-ST-ZIP		
TITLE	L DELETE	4.1 TIFLE		L Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		Donat Day
TITLE	i bettie	5.1 TITLE		Change Addition
NAME CTDEET ADDRESS		5.2 NAME		
STREET ADDRESS	·	5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
NAME	L precit	6.1 TITLE		C crange C Addition
STREET ADDRESS		6.2 NAME		
		6.3 STREET ADDRESS		
14. I do hereby certify that the information supplied	d with this filing does not qualify f	6.4 CITY-ST-ZIP or the exemption state	ed in Section 119.07(3)(i). Florida Statutes	i. I further certify that the
14. I do hereby certify that the information syppifed 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the couperation 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 or Charges, or on an attachment with an address.				