

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P96000045329 (5)**

1. Corporation Name

**SOUTHERN MEDIA PUBLICATIONS, INC.**

Principal Place of Business

Mailing Address

50 NORTH LAURA STREET  
3400 BARNETT CENTER  
JACKSONVILLE FL 32202

2. Principal Place of Business

**21 1301 Riverplace Blvd**

Suite, Apt. #, etc.

**22 Suite 1301**

City, State

**23 Jacksonville, FL**

Zip

**24 32207**

Country

**25 USA**

2a. Mailing Address

**26 1301 Riverplace Blvd.**

Suite, Apt. #, etc.

**27 Suite 1301**

City & State

**28 Jacksonville, FL**

Zip

**29 32207**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**RAX CO.**  
50 NORTH LAURA STREET  
3400 BARNETT CENTER  
JACKSONVILLE FL

81 Name **MOTOLAW, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1301 Riverplace Blvd.**

83

84 City **Jacksonville** FL 85 Zip Code **32207**

10. Name and Address of New Registered Agent

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 *Peter J. Difato*

as President

**4/8/98**

DATE

CR2E034 (10/97)

Signature, typed or printed name of registered agent and title if applicable

(INCITE Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE **DPS**

NAME **DIFATO, MICHAEL A JR**

STREET ADDRESS **605 MULLIGAN'S WAY**

CITY-ST-ZIP **ST AUGUSTINEN FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **DT**

NAME **DIFATO, JHN J**

STREET ADDRESS **605 MULLIGAN'S WAY**

CITY-ST-ZIP **ST AUGUSTINE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **DS**

NAME **DIFATO, JOSEPH C**

STREET ADDRESS **413 NIGHTHAWK NE**

CITY-ST-ZIP **ST AUGUSTINE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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 I 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 *M. J. Difato*

MICHAEL A. Difato

4-11-98

904 442 5724

4-11-98

904 442 5724