PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# 1. Corporation Name

P96000045329 OL

Southern Media Publications, Inc.

Principal Place of Business 1301 Riverplace Blvd. Suite 1301

Jacksonville, FL 32207

Mailing Address

1301 Riverplace Blvd. Suite 1301

Jacksonville, FL 32207

DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualifed

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90123 008 ***150.00

			05/29/1996		
2. Principal Place of Business	2a. Mailing Address		4. FEI Nurnber	Applied For	
50 North Laura Street			59-3379692	Not Applicable	
Suite, Apr. #, etc.	Suite, Apt. #, etc.	.a beree		\$8.75 Acditional	
Suite 2750	27 Suite 2750		5. Certifcate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
	28 Jacksonville	Florida	Trust Fund Contribution	Added to Fees	
Zip Zip Country	Zip	Country	8. This corporation owes the current year in		
,	├ - -┐ `	, '	Personal Property Tax.	☐ Yes [☐No	
24 3202 25 USA 9. Name and Address of Current		USA	10. Name and Address of New Registere	Agent	
81 Name					
MOTOLAW, Inc.			MOTOLAW, Inc.		
1301 Riverplace Boulevard		82 Street	Address (P.O. Box Number is Not Acceptable) 50 North Laura Street	Í	
Suite 1301					
Jacksonville, Florida 32	2207	"	Suite 2750		
		84 City	7l	85 Zip Code	
			Jacksonville, FL	- 32202	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, 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, Fit rida Statutes.					
agent. I am familia/with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.	1/2 0 1 1 7/0	1/00	
SIGNATURIE WITH DAY!		ton Iraulo	or, Vice President 3/20	1/99	
Signature yped or printed har a of registered agent		egistered Agent signature re		NO DIRECTORS IN 12	
12. OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
TITLE	☐ DELETE	1.1 TITLE		Tall Charige L' Addition	
Difato, Michael A.,	Jr.	1.2 NAME			
STREET ADDRESS 605 Mulligan's Way		13 STREET ADDRESS			
CITY-ST-ZIP St. Augustinen, FL	32084	1.4 CITY-ST-ZIP	St. Augustine, FL 32084		
TITLE D	DELETE	2.1 TITLE		Change ☐ Addition	
NAME Difato, Jhr. J.		2.2 NAME	Difato, John. J.		
STREET ADDRESS 605 Mulligan's Way		23 STREET ADDRESS			
CITY-ST-ZIP St Augustine FL	32084	2. 4 CITY-ST-ZIP			
TITLE	☐ OELETE	3 1 TITLE		Change Addition	
NAME		32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELETE	41 TITLE		☐ Change ☐ Addition	
NAME		4 2 NAME			
STREET ADORE 3S		4.3 STREET ADDRESS		į	
CITY-ST-ZIP		4 4 CITY-ST-ZIP			
TITLE	☐ DELETE	51 TITLE		☐ Change ☐ Addition	
NAME		52 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
		5 4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	☐ DELETE	61 TITLE		Change Addition	
	_	6 2 NAME		. –	
NAME		6 3 STREET ADDRESS			
STREET ADDRESS		8.4 CITY-ST-ZIP		ļ	
CITY-ST-ZIP	this fond does not qualify for th	ne exemption stated	in Section 119.0 (3)(i), Florida Statutes. I further co	ertify that the information	
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indicated on this annual report or sub-lemental 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 true deep enhowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on a catter or more an address, with all other like empowered.

SIGNATURE:

904/460-0924

Daytime Phone #

CR2E034 (11/98)