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

PROFIT
CORPORATION
ANNUAL REPORT

I hereby certify that the informal indicated on this annual report of

officer or director of the corpo Block 12 or Block 13 if chang on supplied with this filing doc supplemental armus report



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

DOCUMENT # P96000045396 (4)

SHAMROCK MEDIA CORPORATION

Principal Place of Business	Mailing Address			
3834 KILLEARN CT	3834 KILLERAN CT			
TALLAHASSEE FL 32308	TALLAHASSEE FL 32308		DO NOT WRITE IN TH	IC CDACE
US	US		3. Date Incorporated or Qualified	13 3FACE
2. Principal Place of Business	28, Mailing Address		05/29/1996 4. FEI Number	Applied For
== , `	— <u> </u>		59-34 <u>265</u> 85	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		39-3420303	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Cui	rrent Registered Agent		10. Name and Address of New Registers	d Agent
BIELBY, LORENCE J		81 Name		
GREENBERG, TRAURIG		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
101 E. COLLEGE AVE.				
Tallahassee FL 32301	/)	83		
Λ		84 City		85 Zip Code
	ı // /		F	' L '
11. Pursuant to the provisions of Section : 607	0501 and 697, 1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I am lamilar with and accept the of	bligations of, Section 607,0505, Fl	orida Statutes.		
SIGNATURE	Lor	ence J. B	sielku Y	-22-98
Signature typed or present a causel is distillued	dagest kont tike ⊀apperable (NCI	E. Registered Agent signature requi-		
	AND DRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE D. LILIOUSE THATTUNE	U LI DELETE	1.1 TITLE		Change Addition
NAME HUGHES, TIMOTHY JI STREET ADDRESS 1721 COPPERFIELD CIRC	16	1.2 NAME		
TALLANIACOET EL AARIA	Œ	1.3 STRFET ADDRESS		
TITLE TALLAMASSEE PL 32312	□ DELETE	1.4 C(TY - ST - Z)P 2.1 T(TE		Change Addition
NAME		2.2 NAME		Onlingo
· · · -		2.3 STREET ADDRESS		
STREET ADDRESS		2.4 CITY-ST-2IP		
CITY-ST-ZIP TITLE	DELFTE	3.1 TITLE		☐ Change ☐ Addition
NAME	المرابع المرابع	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
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	OELETE	5.17(1)[6	, 11	Change Addition
NAME		5.2 NAME	3c.5N	
STREET ADDRESS		5.3 STREET ADDRESS	00 7/7	
CITY-ST-ZIP		5.4 CITY- ST - ZIP	<u> 300002\$103</u>	333
TITLE	DELETE	61 TITLE	-05/05/9801019	Change Addition
NAME		6.2 NAME	***150.00	·
STREET ADDRESS		6.3 STREET ADDRESS		
CITY OT 7ID	. / 1	6.4 CITY C1 7/D		

of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under eath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in