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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000051642 (2)

1. Corporation Name: 20/20 MEDIA INCORPORATED



Principal Place of Business: 1537 REGAL OAK DR. KISSIMMEE FL 34744
Mailing Address: 1537 REGAL OAK DR. KISSIMMEE FL 34744-6640

3. Date Incorporated or Qualified: 06/18/1996
3a. Date of Last Report

2. Principal Place of Business: 21 4307 Neptune Road, Suite, Apt. #, etc.
22 City & State: 23 St. Cloud, Florida, Zip 34769, Country USA
2a. Mailing Address: 26 4307 Neptune Road, Suite, Apt. #, etc.
27 City & State: 28 St. Cloud, Florida, Zip 34769, Country USA
4. FEI Number: 59- 3383410
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: DAVIS, JOEL C, 1537 REGAL OAK DR. KISSIMMEE FL 34744
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 4307 Neptune Road, 83, 84 City: St. Cloud, FL, 85 Zip Code: 34769

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: *Joel C. Davis* Joel C. Davis DATE: January 9, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Secretary, <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Davis	1.2 NAME	
STREET ADDRESS	Robin Davis; 4307 Neptune Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Cloud, Florida 34769	1.4 CITY-ST-ZIP	
TITLE	Vice-President, Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel C. Davis	2.2 NAME	
STREET ADDRESS	4307 Neptune Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Cloud, Florida 34769	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Robin Davis* ROBIN DAVIS DATE: 1/9/97 Daytime Phone #: 407-892-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)