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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057434 (8)

MILE HIGH MEDIA, INC.

appears in Block 12 or Block 13 if ch

SIGNATURE:

Principal Place of Business Mailing Address 107 W. COMMERCIAL ST 107 W. COMMERCIAL ST SANFORD FL 32771 SANFORD FL 32771-1219 3. Date incorporated or Qualified 3a. Date of Last Report 07/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3402275 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc П 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country $Z_{(p)}$ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HOEPKER, TODD M ESQ. 2300 SUNBANK CENTER 82 Street Address (P.O. Box Number is Not Acceptable) 23RD FLOOR 83 ORLANDO FL 32802 84 City Zip Code 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 Signature, typind or printed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition HILE **GUENTHER, RORBERT M** 1.2 NAME NAMi 107 W. COMMERCIAL ST 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 1.4 CITY-ST-ZIP CHTY - S1 - ZIF ☐ Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TILLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP City-St-ZiP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHY-S1-ZE ___ Addition DELETE Change THE 61 TITLE 62 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - 71P 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 export of suppliemental annual export 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 dorporation of the composition of