

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000065743
1. Corporation Name

SOUTHEAST MEDIA AFFILIATES, INC.

Principal Place of Business Mailing Address
1455 West Avenue 1455 West Avenue
Suite 801 Suite 801
Miami Beach, FL 33139 Miami Beach, FL 33139

2. Principal Place of Business 2a. Mailing Address
21 407 Lincoln Road 26 407 Lincoln Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 8R 27 Suite 8R
City & State City & State
23 Miami Beach, FL 28 Miami Beach, FL
Zip Zip Country Country
24 33139 25 USA 29 33139 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
08/07/96 N/A
4. FEI Number X Applied For
65-0691557 (Not Applicable)
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ 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

Mark D. Press
1801 West Avenue
Miami Beach, FL 33139

10. Name and Address of New Registered Agent

81 Name Anne Patrice Clarke-Ericsson
82 Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road, Suite 8R
83
84 City Miami Beach FL 85 Zip Code 33139

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]* 6/10/97
DATE

(NOTE: Registered Agent's signature required when first filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director ☐ DELETE	11 TITLE	Director/President/Sec. ☒ Change ☐ Addition
NAME	Anne P. Clarke-Ericsson	12 NAME	Anne P. Clarke-Ericsson
STREET ADDRESS	1075 N.E. 89th Street	13 STREET ADDRESS	407 Lincoln Road, Suite 8R
CITY-ST-ZIP	Miami, FL 33138	14 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	Director ☐ DELETE	21 TITLE	Director/Treasurer ☒ Change ☐ Addition
NAME	Magda Granda	22 NAME	Magda Granda
STREET ADDRESS	1455 West Avenue, Suite 801	23 STREET ADDRESS	407 Lincoln Road, Suite 8R
CITY-ST-ZIP	Miami Beach, FL 33139	24 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	Director ☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Carolyn J. Benett	32 NAME	
STREET ADDRESS	1455 West Avenue, Suite 801	33 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Anne P. Clarke-Ericsson, President *[Signature]* 6/10/97 305-673-3329

CR2E034 (9/96)