

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

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**Apr 24 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 # P96000074519 (5)**

1. Corporation Name  
**MEDIA MIAMI, INC.**



Principal Place of Business: **1330 OCEAN DRIVE 4TH FLOOR MIAMI BEACH FL 33139**  
Mailing Address: **1330 OCEAN DRIVE 4TH FLOOR MIAMI BEACH FL 33139-4256**

3. Date Incorporated or Qualified: **09/09/1996**  
3a. Date of Last Report

21. Principal Place of Business: <b>same as above</b>	22a. Mailing Address: <b>same as above</b>	4. FEI Number: <b>65-0702706</b>	Applied For: <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	85. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MESTEL, LAWRENCE</b>		1.2 NAME: <b>LAWRENCE MESTEL</b>	
STREET ADDRESS: <b>1330 OCEAN DRIVE 4TH FLOOR</b>		1.3 STREET ADDRESS: <b>825 EIGHTH AVENUE 24th FL</b>	
CITY-ST-ZIP: <b>MIAMI BEACH FL 33139</b>		1.4 CITY-ST-ZIP: <b>NEW YORK, NY 10019</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE:	
NAME: <b>HART, SUSAN W</b>		2.2 NAME:	
STREET ADDRESS: <b>1330 OCEAN DRIVE 4TH FLOOR</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>MIAMI BEACH FL 33139</b>		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: *Max Friedman* Date: **4/10/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)