

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

FILED

Feb 07 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078239 (6)

1. Corporation Name
L & M MEDIA, INC.Principal Place of Business
18860 U.S. HIGHWAY 19-N
SUITE 151
CLEARWATER FL 34624Mailing Address
18860 U.S. HIGHWAY 19-N
SUITE 151
CLEARWATER FL 34624-31063. Date Incorporated or Qualified
09/20/1996

3a. Date of Last Report

4. FEI Number

59-3404163

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, RICHARD D
1010 DREW STREET
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME RUSSELL, JANN L
STREET ADDRESS 18860 U.S. HIGHWAY 19-N, SUITE 151
CITY-ST-ZIP CLEARWATER FL 346241.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME RUSSELL, JANN L
1.3 STREET ADDRESS 18860 U.S. HIGHWAY 19-N, SUITE 151
1.4 CITY-ST-ZIP CLEARWATER, FL 34624TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME MICHAEL COUSIN
2.3 STREET ADDRESS 18860 U.S. HIGHWAY 19-N, SUITE 151
2.4 CITY-ST-ZIP CLEARWATER, FL 34624TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Cousin V.P. 1-24-97 813-536-1827

Date

Daytime Phone #

CR2E034 (9/96)