

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

FILED
May 13 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 # P96000101759 (4)

1. Corporation Name
MAJOR MEDIA, INCORPORATED



Principal Place of Business: 1724 BRIDLE WALK CT, GOTHIA FL 34734
Mailing Address: 1724 BRIDLE WALK CT, GOTHIA FL 34734-5115

3. Date Incorporated or Qualified: 12/16/1996
3a. Date of Last Report
4. FEI Number: 59-3419921
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

2. Principal Place of Business: 21 P.O. Box 608508, Suite, Apt. #, etc. 22
23 City & State: Orlando, FL
24 Zip: 32860 25 Country: USA
26. Mailing Address: 26 P.O. Box 608508, Suite, Apt. #, etc. 27
28 City & State: Orlando
29 Zip: 32860 30 Country: USA

9. Name and Address of Current Registered Agent
BOWERS-COURTE, ANGEL
1724 BRIDLE WALK CT
GOTHIA FL 34734

10. Name and Address of New Registered Agent
81 Name: Bowers-Courte, Angela
82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 608508
83
84 City: Orlando FL 85 Zip Code: 32860

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D BOWERS-COURTE, ANGELA	<input type="checkbox"/> DELETE
NAME	1724 BRIDLE WALK CT	
STREET ADDRESS	GOTHIA FL 34734	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	Bowers -Courte, Angela	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.O. Box 608508	
1.3 STREET ADDRESS	Orlando, FL 32819	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] 4/16/97 407-298-5555ext105

CR2E03 (9/96)