

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

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Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000033311 (6)

1. Corporation Name:  
SUCCESS MEDIA, INC.



Principal Place of Business  
1200 W. STATE RD. 434, STE. 112  
LONGWOOD FL 32750

Mailing Address  
1200 W. STATE RD. 434, STE. 112  
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-4628441	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BYRD, JAMES S JR. 1200 W. STATE RD. 434, STE. 112 LONGWOOD FL 32750		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83		FL	

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 *Douglas Shane Hackett* DOUGLAS SHANE HACKETT, Director 4-20-98  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	BYRD, JAMES S JR.	1.2 NAME	LUCAS, MICHAEL
STREET ADDRESS	1200 W. STATE RD. 434, STE. 112	1.3 STREET ADDRESS	1200 W. STATE RD 434, STE 112
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	D	2.1 TITLE	
NAME	MORRIS, PETER	2.2 NAME	
STREET ADDRESS	1200 W. STATE RD. 434, STE. 112	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HACKETT, DOUGLAS S	3.2 NAME	
STREET ADDRESS	1200 W. STATE RD. 434, STE. 112	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LUCAS, MICHAEL	4.2 NAME	
STREET ADDRESS	1200 W. STATE RD. 434, STE. 112	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Douglas Shane Hackett* DOUGLAS SHANE HACKETT, Director 4-20-98

CR2E034 (10/97)