


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

FILED

Apr 15 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 # P97000107305 (9)

1. Corporation Name
ROOT MEDIA GP, INC.



Principal Place of Business 525 FENTRESS BLVD DAYTONA BEACH FL 32114	Mailing Address PO BOX 2860 DAYTONA BEACH FL 32120-2860
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/23/1997	
25		30		4. FEI Number 59-3488901	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33840				10. Name and Address of New Registered Agent			
81 Name William J. Voges				82 Street Address (P.O. Box Number is Not Acceptable) 525 Fentress Blvd.			
83				84 City Daytona Beach			
85 Zip Code 32114				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  DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROOT, CHAPMAN J II		12 NAME	Root, Chapman J. II			
STREET ADDRESS	525 FENTRESS BLVD		13 STREET ADDRESS	525 Fentress Blvd.			
CITY-ST-ZIP	DAYTONA BEACH FL 32114		14 CITY-ST-ZIP	Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV			
NAME	DEVIS, JAMES L		2.2 NAME	Root, John			
STREET ADDRESS	525 FENTRESS BLVD		2.3 STREET ADDRESS	525 Fentress Blvd.			
CITY-ST-ZIP	DAYTONA BEACH FL 32114		2.4 CITY-ST-ZIP	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	S			
NAME	ROOT, JOHN S		3.2 NAME	Peters, Melissa			
STREET ADDRESS	525 FENTRESS BLVD		3.3 STREET ADDRESS	525 Fentress Blvd.			
CITY-ST-ZIP	DAYTONA BEACH FL 32114		3.4 CITY-ST-ZIP	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	T			
NAME			4.2 NAME	Dittbenner, Eileen			
STREET ADDRESS			4.3 STREET ADDRESS	525 Fentress Blvd.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				
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 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:  03/24/97 (900) 258-4700

CR2E034 (10/97)