

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -8 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S16633 (7)

1. Corporation Name
METROMEDIA AFFILIATES, INC.

Principal Place of Business Mailing Address
2513 MORRISON AVE TAMPA FL 33629 US **2513 MORRISON AVE. TAMPA FL 33629 US**

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/06/1990 | 3a. Date of Last Report 08/09/1994 |
| 4. FEI Number 59-3076812 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under s. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 2. Principal Place of Business 27 819 Bayshore Blvd | 2a. Mailing Address 26 819 Bayshore Blvd. |
| 28 Tampa, FL | 27 Tampa FL |
| 29 33606 | 30 US |

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|--|--|
| 9. Name and Address of Current Registered Agent MOSELEY, SHAROLYN A. 2513 MORRISON AVE. TAMPA FL 33629 | 10. Name and Address of New Registered Agent 81 Name Moseley, Sharolyn A. 82 Street Address (R.O. Box Number is Not Applicable) 819 Bayshore Blvd. 83 84 City Tampa FL 85 Zip Code 33606 |
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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 _____
Signature, typed or printed name of registered agent and class if applicable (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|-------------------------------------|---|---|
| TITLE PD | NAME MOSELEY, SHAROLYN A. | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2513 MORRISON AVE. | CITY - ST - ZIP TAMPA FL | 1.2 NAME | 1.3 STREET ADDRESS 819 Bayshore Blvd. |
| | | 1.4 CITY - ST - ZIP | Tampa, FL 33606 |
| TITLE ST | NAME MOSELEY, WAYNE J. | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2513 MORRISON AVE. | CITY - ST - ZIP TAMPA FL | 2.2 NAME | 2.3 STREET ADDRESS 819 Bayshore Blvd. |
| | | 2.4 CITY - ST - ZIP | Tampa, FL 33606 |
| TITLE | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY - ST - ZIP | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY - ST - ZIP | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY - ST - ZIP | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY - ST - ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY - ST - ZIP | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY - ST - ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY - ST - ZIP | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Sharolyn A. Moseley 8-1-95 813-259-9795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Optional) Name

CR2E034 (3/95)