

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S16633** (7)

1. Corporation Name
METROMEDIA AFFILIATES, INC.



Principal Place of Business: **819 BAYSHORE BLVD TAMPA FL 33606 US**
Mailing Address: **819 BAYSHORE BLVD TAMPA FL 33606 US**

3. Date Incorporated or Qualified: **12/06/1990**
3a. Date of Last Report: **08/08/1995**

2. Principal Place of Business: **21 3105 Bay to Bay Blvd #1 Tampa 33629 Hillsborough**
2a. Mailing Address: **26 819 Bayshore Blvd Tampa 33606 Hillsborough**

4. FEI Number: **59-3076812**
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

9. Name and Address of Current Registered Agent:
**MOSELEY, SHAROLYN A.
819 BAYSHORE BLVD
TAMPA FL 33606**

10. Name and Address of New Registered Agent:
81 Name: **SAME**
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 filer if applicable) #NOTE: Registered Agents must be registered with the state DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSELEY, SHAROLYN A.	
STREET ADDRESS	2513 MORRISON AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MOSELEY, WAYNE J.	
STREET ADDRESS	2513 MORRISON AVE.	
CITY - ST - ZIP	TAMPA FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sharolyn A. MOSELEY	
1.3 STREET ADDRESS	819 Bayshore Blvd	
1.4 CITY - ST - ZIP	Tampa FL 33606	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Melanie Horwick	
2.3 STREET ADDRESS	7603 Pownattan Ave	
2.4 CITY - ST - ZIP	Tampa FL	
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 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 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: *Sharolyn A. Moseley* Sharolyn A. MOSELEY

813-837-6556

CR2E034 (12/95)