CORPORATION Sandra ANNUAL REPORT Secree	ARTMENT OF STATE  B. Mortham  lary of State F CORPORATIONS	APPHOVED AND FILED  97 SEP -5 AM 8: 24
DOCUMENT # S40487 Motion Media, Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address  5031 CASPIAN CT  ORLANDO, FL 328/9		3. Date Incorporated or Qualified 3a. Date of Last Report
Suite, Apt. #, etc. Suite. Apt. #, etc. 27	ASPTAN CT	4. FEI Number  59-3058/26  Not Applied For Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required
City & State  23	0, FL Country 30 U 5	6. Election Campaign Financing Trust Fund Contribution  B. This corporation has liability for intangible tax under s. 199.032. Florida Statutes  \$\square{\text{K}}\$ Yes \$\square\$ No
PAYMOND A. ROBERS  1047 EIK CT. 5.  WINTER SPRINGS, FL 32708	83	10. Name and Address of New Registered Agent  PAVLEY S. MYNDKSK/ ass (P.O. Box Number is Not Acceptable)  The Code State of the Code State
Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida State office or registered agent, or both, in the State of Florida. Such change was agent. I am familia, with, and accept the obligations of, Section 607.0505. I	utes the above parried corne	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered to when renstating.
12. OFFICERS AND DIRECTORS  TITLE  NAME  ROGERS, RAYMINO, A  STREET ADDRESS  1649 LIK CT. 5:  CITY-ST-ZIP  WINTER SPRINGS, 11 32 JOB  TITLE  DELETE	13.  11 TILLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
THE OPTS DELETE  NAME MYNARSKI, STANJEY, S' STREET ADDRESS 5031 CASPIAN T CITY-S1-ZIP OR LANDO, FL 32819  DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-7IP	00000289690 <sup>Adil</sup> -09/10/9701097003 ****550.00 ****550.00
TILE  NAME  STREET ADDRESS  CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-7IP	Change Addition
TITLE DETETE  NAME  STREET ADDRESS  CITY- ST- ZIP	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY - ST- ZIP	☐ Change ☐ Addilio:
TITLE DLEFTE  NAME  STREET ADDRESS	5111111 52 NAME 53 STREET ADDRESS	Change Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	5.4 CHY-S1-ZIP 6.1 THE 6.2 NAML 6.3 STREE1 ADDRGS 6.4 CHY-ST-ZIP	9 5 97 Change Addition
14. Ldo hereby certify that the information supplied with this filing does not quainformation indicated on this annual report or supplemental annual report is I am an officer or director of the corporation or the receiver or trusted empeapages in Block 12 or Block 13 if changed or on an attachment with an action.	alify for the exemption stated is true and accurate and that rewered to execute this report ddress.	my signature shall have the same logal effect as if made under oath; the as required by Chapter 607, Florida Statutes; and that my name
SIGNATURE: Starly Mystark STAVLLY 5. MYNAR5KI 9/31/97 Decrino Proce #		

CR2E034 (9/96)