

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S51686 (1)

1. Corporation Name
MEDIA INNOVATIVE TECHNOLOGIES, INC.

Principal Place of Business P.O. BOX 7454 ST PETERSBURG FL 33734-7454	Mailing Address P.O. BOX 7454 ST PETERSBURG FL 33734-7454
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2. Principal Place of Business 21 6351-39th STREET NORTH Suite, Apt. #, etc. 22 SUITE 220 City & State 23 PINELLAS PARK, FL Zip 24 34665		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 05/09/1991	3a. Date of Last Report 04/05/1996
				4. FEI Number 59-3076862	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAMBSON, THOMAS RANDALL 6330 - 48TH STREET NORTH UNIT #C PINELLAS PARK FL 34665				10. Name and Address of New Registered Agent 81 Name LAMBSON, THOMAS RANDALL 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 220 83 6351-39th STREET NORTH 84 City PINELLAS PARK FL 85 Zip Code 34665	
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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: *Thomas R. Lambson* ITS PRESIDENT THOMAS R. LAMBSON 4/17/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAMBSON, THOMAS RANDALL 6330-C 48TH ST. N. PINELLAS PARK FL 34665	<input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PST LAMBSON, THOMAS RANDALL SUITE 220 6351-39th STREET NORTH PINELLAS PARK, FLORIDA 34665	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBSON, THOMAS RANDALL 6330-C 48TH ST. N. PINELLAS PARK FL 34665	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D LAMBSON, THOMAS RANDALL SUITE 220 6351-39th STREET NORTH PINELLAS PARK, FLORIDA 34665	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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: *Thomas R. Lambson* ITS PRESIDENT THOMAS R. LAMBSON 4/17/97 B13.526.3466
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)