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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S78160

(6)

1. Corporation Name

PALM BEACH MEDIA GROUP INC.



Principal Place of Business

1016 N. DIXIE HIGHWAY
WEST PALM BEACH FL 33401

Mailing Address

11390 12 OAKWAY # 520
NORTH PALM BEACH FL 33480

3. Date Incorporated or Qualified

09/05/1991

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 1000 N. DIXIE Highway

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 W. Palm Beach, FL

Zip

23 33401

Country

Zip

Country

4. FEI Number

65-0286289

Applied For

Not Applicable

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

POWELL KAREN M.
11390 12 OAKS WAY # 520
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPC ☐ DELETE
NAME WOODS, RONALD J.
STREET ADDRESS 1016 NO. DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DAS ☐ DELETE
NAME POWELL, KAREN
STREET ADDRESS 1016 NO. DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ST ☐ DELETE
NAME WOODS, RONALD J.
STREET ADDRESS 1016 N DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL

TITLE AT ☐ DELETE
NAME POWELL, KAREN
STREET ADDRESS 1016 N DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11390 12 Oaks Way #520
1.4 CITY-ST-ZIP N. Palm Beach, FL 33408

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 11390 12 Oaks Way #520
2.4 CITY-ST-ZIP N. Palm Beach, FL 33408

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 11390 12 Oaks Way #520
3.4 CITY-ST-ZIP N. Palm Beach, FL 33408

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 11390 12 Oaks Way #520
4.4 CITY-ST-ZIP N. Palm Beach, FL 33408

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KAREN M. POWELL 4/30/97 54745-0813

CR2E034 (9/96)