


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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 1000 N DIXIE HWY W PALM BEACH FL 33401 US			Mailing Address 11390 12 OAKWAY # 520 NORTH PALM BEACH FL 33480		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 11390 12 Oaks Way		09/05/1991	
22 City & State		27 #520		4. FEI Number	
23 Zip		28 N. Palm Beach, FL		65-0286289	
24 Country		29 33408		Applied For	
		30 USA		Not Applicable	
g. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
POWELL KAREN M. 11390 12 OAKS WAY # 520 NORTH PALM BEACH FL 33408				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				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					
1.1 TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.2 TITLE					
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CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
09/05/1991	
4. FEI Number	Applied For
65-0286289	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	WOODS, RONALD J.	1.2 NAME	Ronald J. Woods
STREET ADDRESS	11340 12 OAKS WAY, #520	1.3 STREET ADDRESS	11390 12 Oaks Way #520
CITY-ST-ZIP	N PALM BEACH FL	1.4 CITY-ST-ZIP	N Palm Beach, FL 33408
TITLE	DAS	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	POWELL, KAREN	2.2 NAME	
STREET ADDRESS	11390 12 OAKS WAY, #520	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WOODS, RONALD J	3.2 NAME	
STREET ADDRESS	11390 12 OAKS WAY, #520	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	POWELL, KAREN	4.2 NAME	
STREET ADDRESS	11390 12 OAKS WAY, #520	4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		5.2 NAME	President
STREET ADDRESS		5.3 STREET ADDRESS	Margaret Abrishamli
CITY-ST-ZIP		5.4 CITY-ST-ZIP	11390 12 Oaks Way #520
TITLE		6.1 TITLE	N. Palm Beach, FL 33408
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

4/28/98 541-775-813

CR2E034 (10/97)