

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000048436 (6)

1. Corporation Name

THE HURRICANE MEDIA GROUP, INC.



Principal Place of Business

Mailing Address

**674 EVERSOLE RD.
CINCINNATI OH 45230**

**674 EVERSOLE RD.
CINCINNATI OH 45230**

3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **17337 RIMROCK DRIVE**

26 **SAME**

4. FEI Number

Applied For

31-1439978

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

22 **GOLDEN, COLORADO**

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Zip

Country

24 **80401-2531** 25 **USA**

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REGNIER, EDWARD
4271 LAGO WAY
SARASOTA FL 34241**

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 of Registered Agent (Required)

(Required) Signature of Agent (Required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE **PRESIDENT (P)** Change Addition
12 NAME **ANTHONY A. GALLUZZO**
13 STREET ADDRESS **17337 RIMROCK DRIVE**
14 CITY - ST - ZIP **GOLDEN, CO. 80401-2531**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE **SECRETARY (S)** Change Addition
22 NAME **CHRISTINE GALLUZZO**
23 STREET ADDRESS **17337 RIMROCK DRIVE**
24 CITY - ST - ZIP **GOLDEN, COLORADO 80401-2531**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANTHONY A. GALLUZZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-96 (303) 278-4615
DATE TIME PHONE #

CR2E034 (3/96)