


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # 734285 (0)
 1. Corporation Name
THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.



| | | | | | |
|----------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Principal Place of Business | | Mailing Address | | 3. Date Incorporated or Qualified | |
| C/O JAMES M. NAUGHTON 801 THIRD STREET SOUTH ST. PETERSBURG FL 33701 US | | C/O JAMES M. NAUGHTON 801 THIRD STREET SOUTH ST. PETERSBURG FL 33701 US | | 11/10/1975 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 59-1630423 | |
| 22 | City & State | 27 | City & State | Applied For | |
| 23 | Zip | 28 | Zip | Not Applicable | |
| 24 | Country | 29 | Country | 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 | |
| | | | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | 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 | |

| | | | | | | | |
|-------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| NAUGHTON, JAMES M. 801 THIRD ST. S. ST. PETERSBURG FL 33701 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAUMAN, ROBERT J. | 1.2 NAME | |
| STREET ADDRESS | 801 THIRD STREET SOUTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNES, ANDREW E | 2.2 NAME | |
| STREET ADDRESS | 490 FIRST AVE S | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KARL, CATHERINE | 3.2 NAME | |
| STREET ADDRESS | 490 FIRST AVE S | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAUGHTON, JAMES M. | 4.2 NAME | |
| STREET ADDRESS | 801 THIRD ST SOUTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. Naughton **FILED** 1/6/98 (813) 821-9494

CR2E037 (10/97)