

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90142 007 ****70.00

DOCUMENT # 734285

1. Entity Name

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Principal Place of Business

Mailing Address

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 33701-4920
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1630423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAUGHTON, JAMES M.
801 THIRD ST. S.
ST. PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CT	<input type="checkbox"/> Delete
NAME	BARNES, ANDREW E	
STREET ADDRESS	490 FIRST AVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KARL, CATHERINE	
STREET ADDRESS	490 FIRST AVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	NAUGHTON, JAMES M.	
STREET ADDRESS	801 THIRD ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, R. MICHAEL	
STREET ADDRESS	490 FIRST AVES.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAWLINS, THOMAS	
STREET ADDRESS	490 FIRST AVE S	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Naughton PRESIDENT JAN. 5, 2000 727-821-9494

CF2E037 (9/99)