FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **841391** **(6)**

1. Corporation Name

ADVOCATE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
12409 N.W. 35TH STREET CORAL SPRINGS FL 90505-4723 US	12409 N.W. 35TH STREET CORAL SPRINGS FL 90505-4723 US

3. Date Incorporated or Qualified: **08/31/1978**

3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **61-0927125** ☐ 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

SNEDEKER, WALLACE
12409 N.W. 35TH ST.
CORAL SPRINGS FL 33065

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 Michele Fitzpatrick
Signature of new registered agent 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, ENOS		1.2 NAME		
STREET ADDRESS	326 WALUNT ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE, KY 00000		1.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FTIZPATRICK, MICHELLE		2.2 NAME		
STREET ADDRESS	~~1661 VIA ARRIBA~~		2.3 STREET ADDRESS	12409 NW 35 St	
CITY-ST-ZIP	~~PALOS VERDES ESTATES CA~~		2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSO, BARBARA A.		3.2 NAME		
STREET ADDRESS	326 WALUNT ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE, KY 00000		3.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHURZ, MARY		4.2 NAME		
STREET ADDRESS	326 WALNUT ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE, KY 00000		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JOHN T.		5.2 NAME		
STREET ADDRESS	326 WALNUT ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DANVILLE KY		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SNEDEKER, WALLACE		6.2 NAME		
STREET ADDRESS	12409 NW 35TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michele Fitzpatrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michelle Fitzpatrick