

**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 # F93000002368 (9)**

1. Corporation Name

**NEW WORLD COMMUNICATIONS OF TAMPA, INC.**



Principal Place of Business: **3213 WEST KENNEDY BOULEVARD TAMPA FL 33609**  
Mailing Address: **3200 WINDY HILL ROAD, SUITE 1100 WEST ATLANTA GA 30339**

3. Date Incorporated or Qualified: **05/20/1993**  
3a. Date of Last Report: **06/08/1995**  
4. FEI Number: **59-2636513**  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

**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**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITAKER, C. DAVID</b>	
STREET ADDRESS	<b>3213 WEST KENNEDY BLVD.</b>	
CITY - ST - ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>VASD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SELWYN, ROBERT E</b>	
STREET ADDRESS	<b>3200 WINDY HILL ROAD, #1100 W</b>	
CITY - ST - ZIP	<b>ATLANTA GA 30339</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FROISTAD, ERIC J</b>	
STREET ADDRESS	<b>3200 WINDY HILL ROAD, #1100 W</b>	
CITY - ST - ZIP	<b>ATLANTA GA 30339</b>	
TITLE	<b>VASD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMON, DAVID A</b>	
STREET ADDRESS	<b>3200 WINDY HILL ROAD, #1100 W</b>	
CITY - ST - ZIP	<b>ATLANTA GA 30339</b>	
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILLETT, GEORGE N JR</b>	
STREET ADDRESS	<b>10000 SO. FRONTAGE ROAD WEST</b>	
CITY - ST - ZIP	<b>VAIL CO 81657</b>	
TITLE	<b>VAS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAUGEN, LARRY D</b>	
STREET ADDRESS	<b>3200 WINDY HILL ROAD, #1100 W</b>	
CITY - ST - ZIP	<b>ATLANTA GA 30339</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Robert Franklin</b>	
1.3 STREET ADDRESS	<b>3213 West Kennedy Blvd.</b>	
1.4 CITY - ST - ZIP	<b>Tampa, FL 33609</b>	
2.1 TITLE	<b>CD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Farrell B. Reynolds</b>	
2.3 STREET ADDRESS	<b>3200 Windy Hill Road Suite 1100-West</b>	
2.4 CITY - ST - ZIP	<b>Atlanta, GA 30339</b>	
3.1 TITLE	<b>VCAO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gwen C. Wisler</b>	
3.3 STREET ADDRESS	<b>3200 Windy Hill Road Suite 1100-West</b>	
3.4 CITY - ST - ZIP	<b>Atlanta, GA 30339</b>	
4.1 TITLE	<b>GOOD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>CEOD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>William C. Beyins</b>	
5.3 STREET ADDRESS	<b>35 East 62nd Street</b>	
5.4 CITY - ST - ZIP	<b>NY, NY 10021</b>	
6.1 TITLE	<b>VS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Carolyn Forrest</b>	
6.3 STREET ADDRESS	<b>3200 Windy Hill Road Suite 1100-West</b>	
6.4 CITY - ST - ZIP	<b>Atlanta, GA 30339</b>	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)