

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
**Apr 17, 1998 8:00 am**  
**Secretary of State**

**DOCUMENT # L36021 (8)**  
1. Corporation Name  
**NEWBORN NEWS, INC.**



Principal Place of Business Mailing Address  
**5746 NW 100TH TERRACE** **5746 NW 100TH TERRACE**  
**CORAL SPRINGS FL 33076** **CORAL SPRINGS FL 33076**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/06/1989**

4. FEI Number **65-0165070** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 29 Zip Country 30

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

**WEINBERG, STEVEN A.**  
**8000 PETERS RD**  
**PLANTATION FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE

NAME **D KOHN, MARVIN**

STREET ADDRESS **1201 MONTICELLO AVENUE**

CITY-ST-ZIP **DAVIE FL**

TITLE  DELETE

NAME **D KOHN, MINDY**

STREET ADDRESS **1201 MONTICELLO AVENUE**

CITY-ST-ZIP **DAVIE FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS **5746 N.W. 100th Terrace**

1.4 CITY-ST-ZIP **Coral Springs, FL 33076**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS **5746 N.W. 100th Terrace**

2.4 CITY-ST-ZIP **Coral Springs, FL 33076**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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

**SIGNATURE:** *Mindy Kohn* **SIGNATURE REQUIRED** **Robo** **3-8-98** **954 340-2722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0163440**

CR2E034 (10/97)