

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 28, 2009  
Secretary of State**

DOCUMENT# N08000010527

Entity Name: ASSOCIATION NEWS, INC.

**Current Principal Place of Business:**

7000 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

7000 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 26-3650043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANCHS SAX CAPLAN, P.L.  
301 YAMATO ROAD, SUITE 4150  
BOCA RATON, FL 33431 US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOVINE, FRANK  
Address: 7000 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: PD (X) Change ( ) Addition  
Name: IOVINE, FRANK  
Address: 7000 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPD ( ) Delete  
Name: MENCHER, STEPHEN  
Address: 7000 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: HOFFMAN, ESTELLE  
Address: 7000 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK IOVINE

PD

08/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date