

FILE NOW: FILING FEE IS \$61.25

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04-06-1999 90090 006 ****61.25

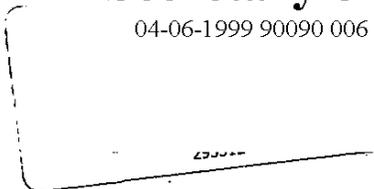
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002482

1. Corporation Name
THE CATHERINE SCRIPPS RODRIGUEZ FAMILY FOUNDATIO N, INC.

Principal Place of Business C/O BUTZEL LONG, SUITE 411 1200 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432	Mailing Address 2901 SOUTH OCEAN BLVD., #901 HIGHLAND BEACH FL 33487
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/30/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0831285 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent FORBES, PHILIP H C/O BUTZEL LONG, SUITE 411 1200 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIPPS RODRIGUEZ, CATHERINE	1.2 NAME	
STREET ADDRESS	C/O BUTZEL LONG, SUITE 411	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUD, SAMANTHA C	2.2 NAME	
STREET ADDRESS	C/O BUTZEL LONG, SUITE 411	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUD, SHAWN M	3.2 NAME	
STREET ADDRESS	C/O BUTZEL LONG, SUITE 411	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ISMAEL	4.2 NAME	
STREET ADDRESS	C/O BUTZEL LONG, SUITE 411	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine Rodriguez 3/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)