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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000072665**

1. Corporation Name
AMC PUBLISHING, INC.

Principal Place of Business	Mailing Address
620 LAKEVIEW ROAD CLEARWATER FL 34616	620 LAKEVIEW ROAD CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/03/1996

2. Principal Place of Business	2a. Mailing Address
21 1255 CLEVELAND ST	26 1255 CLEVELAND ST
Suite, Apt. #, etc. 22 STE 300	Suite, Apt. #, etc. 27 STE 300
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER FL
Zip / Country 24 33755 / 25 PINELLAS	Zip / Country 29 33755 / 30 PINELLAS

4. FEI Number: 75-2343991 — 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 the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C ESQ.
4500 140TH AVENUE NO. STE 214
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: JOSEPH C. SKALSKI
82 Street Address (P.O. Box Number is Not Acceptable): 14010 ROOSEVELT BLVD
83: SUITE 708
84 City: CLEARWATER FL 85 Zip Code: 33762

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] JOSEPH C. SKALSKI 4/22/99
Signature, and if 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SLAUGHTER, DAVID B ~~620 LAKEVIEW ROAD~~ CLEARWATER FL ~~34616~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1255 CLEVELAND ST STE 300 33755	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SLAUGHTER, BENNETTA ~~620 LAKEVIEW ROAD~~ CLEARWATER FL ~~34616~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1255 CLEVELAND ST STE 300 33755	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHAFFNER, JEFF L ~~620 LAKEVIEW ROAD~~ CLEARWATER FL ~~34616~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 1255 CLEVELAND ST STE 300 33755	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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, with all other like empowered.

SIGNATURE: [signature] 4/5/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)