FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:15

DOCUMENT # 734285 (0)

1. Corporation Name
THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Principal Place of Business	Mailing Address
C/O ROBERT J. HAIMAN 801 THIRD STREET SOUTH ST. PETERSBURG FL 33701	C/O ROBERT J. HAIMAN 801 THIRD STREET SOUTH ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1975
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1630423 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HAIMAN, ROBERT J.
801 THIRD ST. S.
ST. PETERSBURG FL 33701

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 _____ 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HAIMAN, ROBERT J.	1.2 NAME		
STREET ADDRESS	801 THIRD STREET SOUTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, ANDREW E	2.2 NAME		
STREET ADDRESS	490 FIRST AVE S	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	HERON, CATHERINE	3.2 NAME		
STREET ADDRESS	490 FIRST AVE S	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	~~XRK~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~O'HEARN, JOHN H~~	4.2 NAME		
STREET ADDRESS	~~490 FIRST AVE S~~	4.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 added for an amendment with an address.

SIGNATURE: _____ Robert J. Haiman 02/08/95 813-821-9494
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0088383