FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **826880** **(7)**

1. Corporate Name
SHAMROCK COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
149 PENN AVENUE SCRANTON PENNSYLVANIA 18503	149 PENN AVENUE SCRANTON PENNSYLVANIA 18503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/30/1971	04/14/1994

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 County 25	Zip 29 County 30

4. FEI Number
23-1727773
☐ 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 is organized for a purpose as set forth in Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OWENS, THOMAS 2180 SANLANDO CENTER, SUITE #2150 W. STATE ROAD 434 LONGWOOD FL 32779	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 Section 607.1941 and 607.1948 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HAGGERTY,JAMES J	NAME	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	STREET ADDRESS	
CITY-ST-ZIP	SCRANTON PA	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	LYNETT,WILLIAM R	NAME	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	STREET ADDRESS	
CITY-ST-ZIP	SCRANTON PA	CITY-ST-ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	LYNETT,GEORGE V	NAME	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	STREET ADDRESS	
CITY-ST-ZIP	SCRANTON PA	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	LYNETT,EDWARD J.	NAME	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	STREET ADDRESS	
CITY-ST-ZIP	SCRANTON PA	CITY-ST-ZIP	
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	HOULIHAN, DANIEL J.	NAME	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	STREET ADDRESS	
CITY-ST-ZIP	SCRANTON PA	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report is true 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 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 above, or on an attachment with an address.

SIGNATURE: WILLIAM R. LYNETT 4-27-95 717-348-9107

SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Telephone Number

0488348 FN