

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

1-2

**DOCUMENT # 34711**

1. Corporation Name

**FERNANDINA BEACH NEWS-LEADER, INC.**

**100001840561**  
-05/28/96--01029--001  
\*\*\*3061.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **511 Ash STREET**

Suite, Apt. #, etc.

22 **P.O. Box 766**

City & State

23 **FERNANDINA BEACH, FL**

Zip

24 **32034**

Country

25 **US**

2a. Mailing Address

26 **10 LEGAL Dept**

Suite, Apt. #, etc.

27 **229 W 43d ST**

City & State

28 **NEW YORK, NY**

Zip

29 **10036**

Country

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**6-18-69**

3a. Date of Last Report

**05-01-95**

4. FEI Number

**59-1264427**

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **US CORPORATION CO.**

82 Street Address (P.O. Box Number is Not Acceptable)

**1201 HAYES ST.**

83 **STE 105**

84 City **TALLAHASSEE**

**FL**

85 Zip Code **32301**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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.

SIGNATURE:

*Laura J. Corwin*

**LAURA J. CORWIN**

**2/8/96**

**212-556-5995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date:

Daytime Phone:

CR2E034 (12/95)

347911

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ADDITIONS - FLORIDA

FERNANDINA BEACH NEWS-LEADER, INC.  
511 Ash Street  
Box 766  
Fernandina Beach, FL 32034-3930

T  
Martha Greenough  
229 West 43d Street  
New York, NY 10036

T  
Thomas H. Nied  
229 West 43d Street  
New York, NY 10036

T  
Robert S. Tobin  
229 West 43d Street  
New York, NY 10036