

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 347962 (3)

1. Corporation Name

SEBRING NEWS SUN, INC.



Principal Place of Business

Mailing Address

2714 SE LAKEVIEW DR
P. O. DRAWER D
SEBRING FL 33870
US

C/O LEGAL DEPT
229 W 43RD ST
NEW YORK NY 10036
US

3. Date Incorporated or Qualified	3a. Date of Last Report
06/15/1969	05/01/1995
4. FEI Number	Applied For
59-1264377	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or 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	PD	<input type="checkbox"/> DELETE
NAME	WEEKS, JAMES C.	
STREET ADDRESS	3414 PEACHTREE RD.	
CITY - ST - ZIP	ATLANTA GA 30326	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORWIN, LAURA	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARROW, KATHARINE P	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GORHAM, DAVID L.	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINETTE, JUDY	
STREET ADDRESS	2714 SE LAKEVIEW DR	
CITY - ST - ZIP	SEBRING FL 10036	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS, RICHARD, G	
STREET ADDRESS	229 W 43RD ST	
CITY - ST - ZIP	NEW YORK CITY NY 10036	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700001840567
4.3 STREET ADDRESS	-05/28/96--01029--001
4.4 CITY - ST - ZIP	***3061.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5/1/96
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA J. CORWIN
Secretary

2/6/96

Da.

212-556-5995

Daytime Phone #

CR2E034 (12/95)

347962

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ADDITIONS - FLORIDA

SEBRING NEWS SUN, INC.
2714 SE Lakeview Drive
P.O. Drawer D
Sebring, FL 33870

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

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

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