

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 347962 (3)

1. Corporation Name
SEBRING NEWS SUN, INC.



Principal Place of Business 2714 SE LAKEVIEW DR P. O. DRAWER D SEBRING FL 33870 US	Mailing Address C/O LEGAL DEPT 229 W 43RD ST NEW YORK NY 10036 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 06/15/1969	4. FEI Number 59-1264377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEEKS, JAMES C.	
STREET ADDRESS	3414 PEACHTREE RD.	
CITY-ST-ZIP	ATLANTA GA 30328	
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	O'BRIEN, JOHN M	
STREET ADDRESS	229 WEST 43RD STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINETTE, JUDY	
STREET ADDRESS	2714 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, DIANE P	
STREET ADDRESS	229 W 43RD ST	
CITY-ST-ZIP	NEW YORK CITY NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thompson, Timothy
5.3 STREET ADDRESS	2227 U.S. 27 South
5.4 CITY-ST-ZIP	Sebring/AVON PARK FL 33870
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Taus, Ellen
6.3 STREET ADDRESS	229 W 43rd ST
6.4 CITY-ST-ZIP	New York, NY 10036

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.

SIGNATURE _____ DATE _____

CR2E034 (10/97)