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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 385725 (7)						
OC	ALA STAR BANNER CORPOI	RATION				
Principal Pla	ice of Business	Mailing Address				
2121 S.W. 19TH AVE. RD. P. O. BOX 490 OCALA FL 34478		C/O LEGAL DEPT 229 W 43RD ST	C/O LEGAL DEPT		AND THE PERSON NAMED AND ADDRESS OF BUILDING STREET BURNT BU	
2. Principal	Place of Business	US			3. Date Incorporated or Qualified 3a. 07/20/1971 07/21/1	Date of Last Report 05/01/1995
21 26		2a. Mailing Address	Malirig Address		4. FEI Number 59-1381000	Applied For
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		City & State	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country Zip		Count	rv	Trust Fund Contribution	Added to Fees
24	25 9. Name and Address of Curren	29 Registered Agent	30		8. This corporation has liability for intangib Florida Statutes Yes No)
		Trogistered Agent	8	1 Name	10. Name and Address of New Register	ed Agent
UNITED STATES CORPORATION COMPANY 12010HAYS STREET SUITE 105			8	82 Street Address (P.O. Box Number is Not Acceptable) 83		
	AHASSEE FL 32301		8			
SIGNATURE	to the provisions of Sections 607,0502 ared agent, or both, in the State of Florid with, and accept the obligations of, Section States on the State of Florid States on the States of th	ri 607.0505, Florida Statutes).	named corpor poration's boa	ration submits this statement for the purpose of ird of directors. I hereby accept the appointment	changing its registered office as registered agent. I am
12.	OFFICERS AND	DIRECTORS	(NOTE: Registered Agent signature required 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS III 10
TITLE	DP	DELETE	1 1 Trile		THE RESERVE TO STRUCK A	Change Addition
NAME OXOGET ADDRESS	WEEKS, JAMES C.		1.2 NAME			ND DIRECTORS IN 12 Change Addition Change Addition
STREET ADDRESS	3414 PEACHTREE RD		1.3 STREE	T ADDRESS		(8)
CITY-ST-ZIP TITLE	ATLANTA GA 30328		14 CHY-	ST-ZIP		
NAME	NIED THOMAS	DELETE 2.1				☐ Change ☐ Addition 💍
STREET ADDRESS	NIED, THOMAS 229 W 43RD ST		2 2 NAME	1		
CITY-ST-ZIP	NEW YORK NY 10036			ADDRESS		
TITLE	V	DELETE	2.4 CITY- 5 3. 1 Trī LE	51 - ZIP		
NAME	GORHAM, DAVID L.	<u> </u>	3.2 NAME			Change Addition
STREET ADDRESS	229 W. 43RD ST.		33 STREE	I ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		3.4 C/TY - ST - Z/P			
TITLE	D	☐ DELETE	4. 1 TITLE			Change Addition
NAME	DARROW, KATHARINE P		4.2 NAME			
STREET ADDRESS	229 WEST 43RD STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	NEW YORK NY 10036		4.4 CiTY-ST-ZIF			
NAME	VD STOLET CHARLES I	☐ DELETE	5. 1 TITLE			Change Addition
STREET ADDRESS	STOUT, CHARLES J. 2121 S.W. 19TH AVE. RD.		5.2 NAME		1600010400	
CITY-ST-ZIP	OCALA FL 34478		5.3 STREET		1000018405 -05/28/96010290	がはいった
TITLE	SD SD	DELETE	5.4 C(TY+S	I - ZIP	****3061.25	101 -1
NAME	CORWIN, LAURA J.	_ perene	6. 1 TITLE 6.2 NAME			Change Addition
STREET ADDRESS	229 W 43RD ST		6.3 STREET	Annpeco		
CITY-ST-ZIP	NEW YORK NY 10036		6.4 CITY - ST	- [

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 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 SECRETARY

Date Dayling Phone #

/ · z_

ADDITION - FLORIDA

OCALA STAR-BANNER CORPORATION 2121 S.W. 19th Ave. Rd. Ocala, FL 34498

T Richard G. Thomas 229 West 43d Street New York, NY 10036

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

T Robert S. Tobin 229 West 43d Street New York, NY 10034