

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

FILED  
May 15 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **385725** (7)  
1. Corporation Name  
**OCALA STAR BANNER CORPORATION**



|   |   |
|---|---|
| Principal Place of Business<br><b>2121 S.W. 19TH AVE. RD.<br/>P. O. BOX 490<br/>OCALA FL 34478<br/>US</b> | Mailing Address<br><b>C/O LEGAL DEPT<br/>229 W 43RD ST<br/>NEW YORK NY 10036<br/>US</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |
|---|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | 3. Date Incorporated or Qualified<br><b>07/20/1971</b>   |
| 24  |  | 25   |  | 4. FEI Number<br><b>59-1381000</b>   |
| 29  |  | 30   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 29  |  | 30   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 29  |  | 30   |  | 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 |

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
12010 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | DP <input type="checkbox"/> DELETE           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WEEKS, JAMES C.                              | 1.2 NAME  |  |
| STREET ADDRESS             | 3414 PEACHTREE RD                            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ATLANTA GA 30328                             | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | NIED, THOMAS                                 | 2.2 NAME  | TAUS, ELLEN  |
| STREET ADDRESS             | 229 W 43RD ST                                | 2.3 STREET ADDRESS                                    | 229 W 43rd ST  |
| CITY-ST-ZIP                | NEW YORK NY 10036                            | 2.4 CITY-ST-ZIP                                       | NEW YORK, NY 10036   |
| TITLE                      | V <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | GORHAM, DAVID L.                             | 3.2 NAME  | O'BRIEN, JOHN M.   |
| STREET ADDRESS             | 229 W. 43RD ST.                              | 3.3 STREET ADDRESS                                    | 229 W 43d ST   |
| CITY-ST-ZIP                | NEW YORK NY 10036                            | 3.4 CITY-ST-ZIP                                       | NEW YORK, NY 10036   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DARROW, KATHARINE P                          | 4.2 NAME  |  |
| STREET ADDRESS             | 229 WEST 43RD STREET                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NEW YORK NY 10036                            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | STOUT, CHARLES J.                            | 5.2 NAME  |  |
| STREET ADDRESS             | 2121 S.W. 19TH AVE. RD.                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | OCALA FL 34478                               | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CORWIN, LAURA J.                             | 6.2 NAME  |  |
| STREET ADDRESS             | 229 W 43RD ST                                | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NEW YORK NY 10036                            | 6.4 CITY-ST-ZIP                                       |  |

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.

CP2E034 (10/97)