

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

FILED

Apr 29 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 # **479634** (8)
1. Corporation Name
DAYTON PRESS, INC.

Principal Place of Business 5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659	Mailing Address 5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/26/1975	
		4. FEI Number 31-0865425		Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

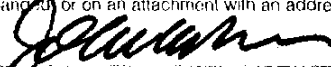
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVD <input checked="" type="checkbox"/> DELETE	11 TITLE	V/AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARSON, THOMAS P	12 NAME	James J. Miller
STREET ADDRESS	5700 WILSHIRE BOULEVARD	13 STREET ADDRESS	5700 Wilshire Boulevard
CITY-ST-ZIP	LOS ANGELES CA	14 CITY-ST-ZIP	Los Angeles, CA
TITLE	SVS <input type="checkbox"/> DELETE	21 TITLE	SV/GC/S/Admin/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCHIL, SALLY	22 NAME	
STREET ADDRESS	5700 WILSHIRE BLVD STE 575	23 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	24 CITY-ST-ZIP	
TITLE	VAT <input type="checkbox"/> DELETE	31 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDSBAUM, ROSS G	32 NAME	
STREET ADDRESS	5700 WILSHIRE BLVD STE 575	33 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	34 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	41 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, JOHN E	42 NAME	Lise A. Schneider
STREET ADDRESS	4655 SALISBURY ROAD	43 STREET ADDRESS	5700 Wilshire Boulevard
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Los Angeles, CA
TITLE	SVCT <input checked="" type="checkbox"/> DELETE	51 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUGHLAN, KATHLEEN	52 NAME	Greer C. Bosworth
STREET ADDRESS	5700 WILSHIRE BOULEVARD	53 STREET ADDRESS	5700 Wilshire Boulevard
CITY-ST-ZIP	LOS ANGELES CA	54 CITY-ST-ZIP	Los Angeles, CA
TITLE	PD <input type="checkbox"/> DELETE	61 TITLE	
NAME	BACHMANN, PETER H	62 NAME	
STREET ADDRESS	5700 WILSHIRE BOULEVARD	63 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	64 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.

SIGNATURE:



John E. Ross, V.P.

4/21/98

904-281-4488

CR2E034 (10/97)