SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON DR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Sep 03 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 588378 (O) FLORIDA PHOTO NEWS PUBLISHERS, INC. Principal Place of Business Mailing Address 1440 7TH ST. P.O. BOX 1583-46 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33402 UŜ DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1978 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-1893071 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOPER, YASMIN R. 1440 7TH STREET Street Address (P.O. Box Number is Not Acceptable) W PALM BCH FL 33401 83 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 profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ___ Addition COOPER, YASMIN R. NAME 1.2 NAME 1440 7TH STREET STREET ADDRESS 1.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition WILLIAMS, REINA G. NAME 2.2 NAME 6305 WOODBINE AVE. STREET ADDRESS 2.3 STREET ADDRESS PHILADELPHIA PA CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Williams, andrew a NAME 3.2 NAME 6305 WOODBINE AVE. STREET ADDRESS 3.3 STREET ADDRESS PHILADELPHIA PA CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME HALL, MAURICE 4. 2 NAME 518 S. MAGONIA CIRCLE STREET ADDRESS 4.3 STREET ADDRESS W PALM BCH FL 33401 CITY-ST-ZIF 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition Jenkins, Marshall NAME 5.2 NAME 424 S. CHILLINGWORTH DR. STREET ADDRESS 5.3 STREET ADDRESS W. PALM BEACH FL 33409 CITY-ST-ZIP 5.4 CITY - S1 - ZIP TITLE DELETÉ

(4/97

☐ Change

Addition

64 CITY-ST-ZIP 14. I do 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 trusted 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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-78

July (561) CIGNATURE, VASMINNIR INDOPFRIMENT