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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734285 (0)

1. Corporation Name
THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.



Principal Place of Business C/O ROBERT J. HAIMAN 801 THIRD STREET SOUTH ST. PETERSBURG FL 33701	Mailing Address C/O ROBERT J. HAIMAN 801 THIRD STREET SOUTH ST. PETERSBURG FL 33701-4920
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3. Date Incorporated or Qualified 11/10/1975	3a. Date of Last Report 03/22/1996
4. FEI Number 59-1630423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 clo James M. Naughton	2a. Mailing Address 26 clo James M. Naughton
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**HAIMAN, ROBERT J.
801 THIRD ST. S.
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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 617.0503, Florida Statutes.

SIGNATURE: *James M. Naughton* DATE: **1/7/97**

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME HAIMAN, ROBERT J.	
STREET ADDRESS 801 THIRD STREET SOUTH	
CITY - ST - ZIP ST PETERSBURG FL	
TITLE CD	<input type="checkbox"/> DELETE
NAME BARNES, ANDREW E	
STREET ADDRESS 490 FIRST AVE S	
CITY - ST - ZIP ST PETERSBURG FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME KARL, CATHERINE	
STREET ADDRESS 490 FIRST AVE S	
CITY - ST - ZIP ST PETERSBURG FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE C/Tr	<input checked="" 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 P/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Naughton, James M.	
4.3 STREET ADDRESS 801 Third Street South	
4.4 CITY - ST - ZIP St. Petersburg, FL 33701	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James M. Naughton* DATE: **1/7/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0049670

CR2E037 (9/96)