

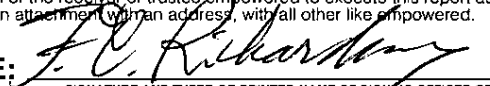


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 736300 1. Entity Name THE NEGRO EDUCATIONAL REVIEW, INCORPORATED						FILED 04 APR 30 AM 8:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business NER EDITORIAL OFFICES 663 ARDELIA CT.-FAMU CAMPUS TALLAHASSEE, FL 32307				Mailing Address NER EDITORIAL OFFICE FAMU BOX 70425 TALLAHASSEE, FL 32307			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc. 676 Gamble St - FAMU Campus		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-6603060				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SMITH, CHARLES U C/O FLORIDA A&M UNIVERSITY-NER EDITORIAL O 663 ARDELIA CT.,STE. 115 TALLAHASSEE, FL 32307				Name Street Address (P.O. Box Number is Not Acceptable) 676 Gamble Street City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, F. C. 2039 ARROWHEAD DRIVE APT. 2-B MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3901 West 92nd Place <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLOWAY, WILLIAM J 3618 LITLEDLE RD.,#213 KENSINGTON, MD 20895	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700035733347 05/07/04--01019--008 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, MAC A 190 NORTH OVAL MALL/102 BRICKLER HALL COLUMBUS, OH 43210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLION, LADELLE 604 LARKSPUR DR FAYETTEVILLE, NC 28311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, WALTER A 1111 HASTIE RD. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  F.C. Richardson 4/3/04 (219) 791-9044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							