

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **805316** (7)  
 1. Corporation Name  
**NEWS AMERICA PUBLICATIONS INC.**



Principal Place of Business: **100 MATSONFORD RD PO BOX 750 WAYNE PA 19088 US**

Mailing Address: **100 MATSONFORD RD. POBOX 750 RADNOR PA 19088-0750**

3. Date Incorporated or Qualified: **12/31/1940**

3a. Date of Last Report: **04/26/1996**

4. FEI Number: **23-1162684**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP. SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**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

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURDOCH, K. RUPERT</b>	1.2 NAME	
STREET ADDRESS	<b>1211 AVE OF THE AMERICAS</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK, NY.</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISKIND, ARTHUR M</b>	2.2 NAME	
STREET ADDRESS	<b>1211 AVE OF THE AMERICAS</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK, NY.</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONSTANTINE, JAN F</b>	3.2 NAME	
STREET ADDRESS	<b>1211 AVE OF THE AMERICAS</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK, NY.</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARDYNSKI, PAULA M.</b>	4.2 NAME	
STREET ADDRESS	<b>1211 AVE OF THE AMERICAS</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	4.4 CITY - ST - ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, LESLEY R</b>	5.2 NAME	
STREET ADDRESS	<b>100 MATSONFORD ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RADNOR PA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLUCCI, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>100 MATSONFORD RD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RADNOR PA</b>	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lesley R Cohen* ASST. SECRETARY Date: **4-30-97** (610) 293-8500

CR2E034 (9/96)