

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

Mailing Address

100 MATSONFORD RD  
PO BOX 750  
WAYNE PA 19088  
US

100 MATSONFORD RD.  
POBOX 750  
RADNOR PA 19088-0750



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1940	04/26/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		23-1162684	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORP. SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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

Signature - type 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	D MURDOCH, K. RUPERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1211 AVE OF THE AMERICAS	1.2 NAME	
STREET ADDRESS	NEW YORK, NY.	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D SISKIND, ARTHUR M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1211 AVE OF THE AMERICAS	2.2 NAME	
STREET ADDRESS	NEW YORK, NY.	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VS CONSTANTINE, JAN F	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1211 AVE OF THE AMERICAS	3.2 NAME	
STREET ADDRESS	NEW YORK, NY.	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VT WARDYNSKI, PAULA M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1211 AVE OF THE AMERICAS	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	AS COHEN, LESLEY R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 MATSONFORD ROAD	5.2 NAME	
STREET ADDRESS	RADNOR PA	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	P CARLUCCI, PAUL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 MATSONFORD RD	6.2 NAME	
STREET ADDRESS	RADNOR PA	6.3 STREET ADDRESS	
CITY - ST - ZIP		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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

4-30-97

(610) 293-8500

Daytime Phone #

CR2E034 (9/96)