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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 805316

1. Corporation Name

NEWS AMERICA PUBLICATIONS INC.

							8 1011 01011 1001	
Principal Place of Business Mailing Address								
100 MATSONFO	ORD RD	100 MATSONFORD RD						
PO BOX 750		PO BOX 750				DO NOT WRITE IN THIS SPACE		
	VAYNE PA 19088 WAYNE PA 19088							
US US						3. Date Incorporated or Qualifed		
						12/31/1940		
2. Principal P	lace of Business	2a. Mailing Address					pplied For	
21		26				23-1162684 N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				E Cortifonto of Statue Desired	Additional	
22		27			Fee F	Required		
City & State		City & State			6. Election Campaign Financing 55.00	May Be		
23		28				I to Fees		
Zip Country		Zip Country			8. This corporation owes the current year Intangible			
		29 30			Personal Property Tax.			
	9. Name and Address of Current	<u> </u>	100,			10. Name and Address of New Registered Agent		
5. Haille dist Address of Gulfell Hogistolog Agent				81	Name			
THE	PRENTICE HALL CORP. SYSTEM	. INC.						
110 NORTH MAGNOLIA STREET				82 Street Addre		ess (P.O. Box Number is Not Acceptable)		
IALL	AHASSEE FL 32301		-	83				
		·	}	84	City	85 Zip	Code	
				٦-	City	FL ⁶⁵ ²⁶	5505	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a					-named corp	oration submits this statement for the purpose of changing it	s 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.								
agent. I am ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable)					t signatura manira	d when reinstating) DATE	<u>ે.</u> (જુ _{કુ} ુુ	
12. OFFICERS AND DIRECTORS				- goin	agricula required	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
	D OTTICERS AND	DELETE	1,1 TITLE		-	☐ Change		
TITLE	_		1.2 NAME					
NAME	monbooti, it. noi Em		1					
STREET ADDRESS	1211 AVE OF THE AMERICAS 1.33		1.3 \$∏	REET.	ADDRESS			
CITY-ST-ZIP			1.4 CIT	Y-ST	-ZIP	<u>. </u>		
TITLE	D	☐ DELETE	2.1 TIT	LΕ		☐ Change	☐ Addition	
NAME	SISKIND, ARTHUR M 22N		2.2 NA	ME				
STREET ADDRESS			2.3 Sπ	REET	ADDRESS		ì	
CITY-ST-ZIP			2.4 CF		}			
TITLE	· · · · · · · · · · · · · · · · · · ·		3.1 TIT			☐ Change	☐ Addition	
NAME	_		3.2 NA			_ `	1	
					ADDRESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				3.4, CITY-ST-ZIP		[Change	Addition	
TITLE (4.1 TIT			Change		
NAME	WARDYNSKI, PAULA M.		4.2 NA	ME				
STREET ADDRESS	1211 AVE OF THE AMERICAS		4.3 ST	REET.	ADDRESS		,	
CITY-ST-ZIP	NEW YORK NY		4.4 CIT	Y-ST	-ZIP			
TITLE	AS	DELETE 5.11		LE		☐ Change	☐ Addition	
NAME	COHEN, LESLEY R		5.2 NA	ME				
STREET ADDRESS	100 MATSONFORD ROAD		5.3 STI	REET	ADDRESS			
1			54 CIT		- 1			
CITY-ST-ZiP	INDION A		6.1 TIT			Change	Addition	
TITLE	' '		6.2 NA					
NAME	CARLUCCI, PAUL		0.2 104	*IL	ı			

14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 100 MATSONFORD RD

RADNOR PA

Asst. Secretary

(610)293-8500