

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 826880 (7)

1. Corporation Name
SHAMROCK COMMUNICATIONS, INC.



Principal Place of Business: 149 PENN AVENUE, SCRANTON PENNSYLVANIA 18503
Mailing Address: 149 PENN AVENUE, SCRANTON PENNSYLVANIA 18503

3. Date Incorporated or Qualified: 09/30/1971
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 23-1727773
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

9. Name and Address of Current Registered Agent
**OWENS, THOMAS
2180 SANLANDO CENTER, SUITE #2150
W. STATE ROAD 434
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name: **JEAN LAOSON**
82 Street Address (P.O. Box Number is Not Acceptable): **SAME**
83 City: **SAME**
84 City: **SAME** FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0502, Florida Statutes.

SIGNATURE: *JEAN LAOSON* (Typed or Printed Name of Registered Agent and Director) **JEAN LAOSON** (Typed or Printed Name of Registered Agent and Director) DATE: **5-9-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAGGERTY, JAMES J	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	
CITY - ST - ZIP	SCRANTON PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LYNETT, WILLIAM R	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	
CITY - ST - ZIP	SCRANTON PA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LYNETT, GEORGE V	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	
CITY - ST - ZIP	SCRANTON PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYNETT, EDWARD J.	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	
CITY - ST - ZIP	SCRANTON PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOULIHAN, DANIEL J.	
STREET ADDRESS	416 SCRANTON TIMES BLDG.	
CITY - ST - ZIP	SCRANTON PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an Attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 717-348-9187
Date Daytime Phone

CR2E034 (12/95)