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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834227

NEW AMERICA NETWORK INC.

(1)

FILED

Apr 29 1997 8:00am

Secretary of State

C T CORPO	Place of Business DRATION SYSTEM H PIME ISLAND ROAD N FL 33324	1200 SOUTH PINE ISLA	Mailing Address C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324-4413					
					3. Date Incorporated or Qualified 04/23/1975	3a. Date of 05/01/		3port
2. Principa 21	al Place of Business	2a. Mailing Address			4. FEI Number 23-1916759			plied For t Applicable
	vpl. ≠, elc	Suite, Apt #, etc.			5. Certificate of Status Desired		8.75 A	Additional quired
City & S	State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	,
Ζιρ 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	Yes N	No	199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	tegistered Age	nt	
	T CORPORATION SYSTEM		61	Name				
	200 S PINE ISLAND ROAD PLANTATION FL 33324		82	Street Add	ress (P.O. Box Number is Not Accept	able)		
			83					
	ant to the provisions of Sections 607.05		84	City	, , , , , , , , , , , , , , , , , , , ,	FL I	5 Zip C	
agent. SIGNATUF	Stor arms, Typed or perced came of registered as				red when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
TITLE	CCEO	DELETE	1.1 TIFLE		ERETTIRY.		Change	Addition
NAME.	FINN, GERALD C		1.2 NAME	M	ocons final			
STREET ADORE	ISS 141 CORSON AVE		1,3 STREET	ADDRESS	41 CORSON AUE			
CITY - ST - ZIF	TRENTON, NJ 00000		1.4 CITY- \$	ST-ZIP	RENTON, NT			
TITLE	T	C. DELETE	2.1 TITLE	<u> </u>	AFTER TY AP	<u>, </u>	Change	Addition
NAME	ARNOLD, MATTHEW C		2.2 NAME	a	O West Liste Sen			
STREET ADDRE			2.3 STREE	ADDRESS ADDRESS	O West LAKE DRIVE	E #X	O	
City-Sy-ZiP	CHERRY HILL, NJ 00000		2.4 CITY-	ST-ZIP	RWYN, PA 19.	312		
TIFLE	D	☐ DELETE	3.1 TiTLE				Change	Addition
NAME	GROSSMAN, JOSEPH		3.2 NAME	ŀ				
STREEL ADDRE			3.3 STREET	ADDRESS				
COLY - ST - ZIP	COLTS NECK NJ		3.4. CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
FILE	PD	☐ DELETE	4.1 TITLE	.			Change	Addition
NAME	FINN, JEFFREY		4.2 NAME					
STREET ADDRE			4.3 STREET	ADDRESS				
CITY S1 ZIP	TRENTON NJ		4.4 CiTY-5	T-ZIP				
BILE	D D	☐ DELETE	5.1 TITLE				Change	Addition
NAME	SHEGOSKI, MARK L		5.2 NAME					
STREET ACCORD			5.3 STREE	ADDRESS				
CITY ST - ZIF	BELLE MEADE NJ		5.4 CITY - 5	ST-ZIP				_
THEF	D D	☐ DELETE	6.1 TITLE				Change	Addition
NAME	HANSON, PETER		6.2 NAME					
STREET ADORE			6.3 STREET	ADDRESS	•			
CHY-ST-ZIP	HACKENSACK NJ		6.4 CITY-5	iT-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:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/22/97 609-448-4706