

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 JUN 24 AM 9:51

DOCUMENT # F94000003381 (0)

1. Corporation Name
PRESS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
50 ROCKEFELLER PLAZA
NEW YORK NY 10020

Mailing Address
C/O DON F. BLAIR
50 ROCKEFELLER PLAZA
NEW YORK NY 10020-1605
US

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 13-1182832
Applied For: Not Applicable
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

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country

9. Name and Address of Current Registered Agent
REINDL, JAMES
9100 NW 36TH ST., STE. 104
MIAMI FL 33178

10. Name and Address of New Registered Agent
81. Name: KEVIN WALSH
82. Street Address (P.O. Box Number is Not Acceptable): 9100 NW 36th St. Ste 104
83. MIAMI, FL 33178
84. City: MIAMI
85. Zip Code: FL

I, 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] DATE: 6/16/97

12. OFFICERS AND DIRECTORS

TITLE	POEO	<input type="checkbox"/> DELETE
NAME	BOCCARDI, LOUIS D	
STREET ADDRESS	101 VANECK DR.	
CITY-ST-ZIP	NEW ROCHELLE NY 10804	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DONNA, JAMES M	
STREET ADDRESS	96 LAKESIDE DR.	
CITY-ST-ZIP	KATONAH NY 10536	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	O'BRIEN, PATRICK T	
STREET ADDRESS	8 SORRELL HILL COURT	
CITY-ST-ZIP	DIX HILLS NY 11748	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES R	
STREET ADDRESS	1909 WOOD VALLEY ROAD	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TEMPLE, WICK	
STREET ADDRESS	10 BERKELEY ROAD	
CITY-ST-ZIP	MILBURN NJ 07041	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JENSSEN, PAUL H	
STREET ADDRESS	23 SEARINGTOWN ROAD	
CITY-ST-ZIP	SEARINGTOWN NY 11507	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300002225403--7
-06/27/97--0108--022
****165.00 ****165.00

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. Further, I 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: [Signature] Paul H. Jessen Treasurer 4/29/97 212-621-1812

CR2E034 (9/96)