

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90163 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003381
 1. Corporation Name
PRESS ASSOCIATION, INC.

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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/27/1994	
4. FEI Number 13-1182832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALSH, KEVIN
9100 NW 36TH ST., STE. 104
MIAMI FL 33178

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO <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 11746
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 checked="" type="checkbox"/> DELETE
NAME	JENSSEN, PAUL H
STREET ADDRESS	23 SEARINGTOWN ROAD
CITY-ST-ZIP	SEARINGTOWN NY 11501

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'Brien, Patrick T.
3.3 STREET ADDRESS	18-15 215 Street Apt. 15G
3.4 CITY-ST-ZIP	Bayside, NY 11360
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 checked="" type="checkbox"/> Addition
6.2 NAME	Newhouse, Donald E.
6.3 STREET ADDRESS	730 Park Avenue
6.4 CITY-ST-ZIP	New York, NY 10021

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.

SIGNATURE: **X** _____ **SIGNATURE REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/27/99** (212) 621-1812 Daytime Phone #

CR2E034 (11/98)