

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000972 (8)**

1. Corporation Name
NEW CITY COMMUNICATIONS OF ORLANDO, INC.



Principal Place of Business Mailing Address
**CORPORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON DE 19801**

3. Date Incorporated or Qualified **02/28/1995** 3a. Date of Last Report **N/A**
4. FEI Number **06-1400041** 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 2a. Mailing Address
21 **3701 John Young Pkwy** 26 **10 MIDDLE ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE # 102** 27
City & State City & State
23 **ORLANDO FL** 28 **BRIDGEPORT CT**
Zip Country Zip Country
24 **32804** 25 **FL** 29 **06604** 30 **CT**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, type or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	FERGUSON, RICHARD A	
STREET ADDRESS	10 MIDDLE ST.	
CITY- ST- ZIP	BRIDGEPORT CT 06604-4277	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	MORLEY, JAMES T	
STREET ADDRESS	10 MIDDLE ST.	
CITY- ST- ZIP	BRIDGEPORT CT 06604-4277	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REIS, RICHARD A	
STREET ADDRESS	10 MIDDLE ST.	
CITY- ST- ZIP	BRIDGEPORT CT 06604-4277	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	RICCARDI, JOHN A	
STREET ADDRESS	10 MIDDLE ST.	
CITY- ST- ZIP	BRIDGEPORT CT 06604-4277	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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	

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, on an attachment with an address.

SIGNATURE:

John Riccardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

Date

203-333-4800

Daytime Phone #

CR2E034 (12/95)