

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 001 ***300.00

DOCUMENT # F95000002092

1. Corporation Name

NewsCom Services, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/28/95

2. Principal Place of Business

21 220 W. 1st Street

Suite, Apt. #, etc.

22

City & State

23 Los Angeles, CA

Zip Country

24 90012

25

USA

2a. Mailing Address c/o Maryann Tigert

26 220 W. 1st Street

Suite, Apt. #, etc.

27

5th Floor

City & State

28 Los Angeles, CA

Zip Country

29 90012

30

USA

FEI Number

65-0574817

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME Jesse E. Levine

STREET ADDRESS 218 S. Spring Street

CITY-ST-ZIP Los Angeles, CA 90012

TITLE PMD ☒ DELETE

NAME Peter Eisner

STREET ADDRESS 2801 Ponce De Leon Blvd., Suite 105

CITY-ST-ZIP Coral Gables, FL 33134

TITLE D/VP ☒ DELETE

NAME Robert N. Brisco

STREET ADDRESS 220 W. 1st Street

CITY-ST-ZIP Los Angeles, CA 90012

TITLE T ☒ DELETE

NAME William R. Isinger

STREET ADDRESS 220 W. 1st Street

CITY-ST-ZIP Los Angeles, CA 90012

TITLE S ☐ DELETE

NAME Cynthia Amer

STREET ADDRESS 220 W. 1st Street

CITY-ST-ZIP Los Angeles, CA 90012

TITLE D ☐ DELETE

NAME William A. Niese

STREET ADDRESS 220 W. 1st Street

CITY-ST-ZIP Los Angeles, CA 90012

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE AS ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Barlow

4/23/99

Date

(213) 237-3843

Daytime Phone #

CR2E034 (11/98)

F9500002092

565909-90014-1

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rosemary Metal 2801 Ponce de Leon Blvd. Coral Gables, FL 33134	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS William H. Barlow 220 W. 1 st Street Los Angeles, CA 90012	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Debra A. Gastler 220 W. First Street Los Angeles, CA 90012	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION