

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002092
1. Entity Name NEWSCOM SERVICES INC

DO NOT WRITE IN THIS SPACE
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2. Principal Place of Business 435 N. MICHIGAN Suite, Apt. #, etc. SUITE 600 City & State CHICAGO Zip 60611	3. Mailing Address 435 N. MICHIGAN Suite, Apt. #, etc. SUITE 600 City & State CHICAGO Zip 60611
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DO NOT WRITE IN THIS SPACE	
4. FEI Number 65-0574817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE
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7. Name and Address of Current Registered Agent	
Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
City TALLAHASSEE	FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRENSKO, DONALD C. 435 N. MICHIGAN AVENUE CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800017620488 04/30/03--01121--002 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KENNEY, CRANE H. 435 N. MICHIGAN AVENUE CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRANAT, DAVID J. 435 N. MICHIGAN AVENUE CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HIANIK, MARK W. 435 N. MICHIGAN AVENUE CHICAGO, IL 60611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark W. Hianik 4/29/03 312-222-3398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR : Date Daytime Phone #

CR2E034B (12/02)