

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005100 (1)
1. Corporation Name

SOUTH FLORIDA NEWSPAPER NETWORK, INC.

Principal Place of Business 601 FAIRWAY DR. DEERFIELD FL 33441	Mailing Address 601 FAIRWAY DR. DEERFIELD FL 33441
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/19/1995	3a. Date of Last Report
		4. FBI Number 65-0612940	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	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name LEE MOOTY
82 Street Address (P.O. Box Number is Not Acceptable) 601 FAIRWAY DRIVE
83
84 City DEERFIELD BEACH FL
85 33441

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 of the person who is authorized to sign and file this statement.

(If the Registered Agent's signature is required, attach a separate page.)

8/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	WARSHAL, BRUCE	1.2 NAME	
STREET ADDRESS	601 FAIRWAY DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD FL 33441	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	PATTERSON, SCOTT	2.2 NAME	
STREET ADDRESS	601 FAIRWAY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD FL 33441	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	
NAME	MOOTY, LEE	3.2 NAME	
STREET ADDRESS	601 FAIRWAY DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD FL 33441	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	FITZSIMMONS, ROBERT	4.2 NAME	
STREET ADDRESS	630 5TH AVE., #1540	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10111	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	SZIGETHY, BELA	5.2 NAME	
STREET ADDRESS	630 5TH AVE., #1540	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10111	5.4 CITY - ST - ZIP	
TITLE	DC	6.1 TITLE	
NAME	KOHL, STEWART	6.2 NAME	
STREET ADDRESS	50 PUBLIC SQ., #3202 TERMINAL TOWER	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44113	6.4 CITY - ST - ZIP	

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***225.00

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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE MOOTY

6/15/96

954-698-6397

CR2E034 (3/96)