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FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33441-1867



3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

08/12/1996

4. FEI 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

MOOTY, LEE
601 FAIRWAY DR.
DEERFIELD FL 33441

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	PSD	<input type="checkbox"/> DELETE
NAME	WARSHAL, BRUCE	
STREET ADDRESS	601 FAIRWAY DR.	
CITY-ST-ZIP	DEERFIELD FL 33441	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PATTERSON, SCOTT	
STREET ADDRESS	601 FAIRWAY DR.	
CITY-ST-ZIP	DEERFIELD FL 33441	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOOTY, LEE	
STREET ADDRESS	601 FAIRWAY DR.	
CITY-ST-ZIP	DEERFIELD FL 33441	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FITZSIMMONS, ROBERT	
STREET ADDRESS	630 5TH AVE., #1540	
CITY-ST-ZIP	NEW YORK NY 10111	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SZIGETHY, BELA	
STREET ADDRESS	630 5TH AVE., #1540	
CITY-ST-ZIP	NEW YORK NY 10111	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KOHL, STEWART	
STREET ADDRESS	50 PUBLIC SQ., #3202 TERMINAL TOWER	
CITY-ST-ZIP	CLEVELAND OH 44113	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARSHAL, BRUCE	
1.3 STREET ADDRESS	601 FAIRWAY DR.	
1.4 CITY-ST-ZIP	DEERFIELD FL 33441	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATTERSON, SCOTT	
2.3 STREET ADDRESS	601 FAIRWAY DR.	
2.4 CITY-ST-ZIP	DEERFIELD FL 33441	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOOTY, LEE	
3.3 STREET ADDRESS	601 FAIRWAY DR.	
3.4 CITY-ST-ZIP	DEERFIELD FL 33441	
4.1 TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PEKAREK, JAMES	
4.3 STREET ADDRESS	601 FAIRWAY DR.	
4.4 CITY-ST-ZIP	DEERFIELD FL 33441	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MANDT, RICHARD	
5.3 STREET ADDRESS	201 KELSEY LANE	
5.4 CITY-ST-ZIP	TAMPA FL 33619	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES PEKAREK 4/19/97 954-574-5320

Date

Daytime Phone #

CR2E034 (9/96)