2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # F95000005100 SUN-SENTINEL COMMUNITY NEWS GROUP, INC. 03-22-2000 90089 003 \*\*\*150.00 Mailing Address Principal Place of Business 601 FAIRWAY DR. 601 FAIRWAY DR. **DEERFIELD FL 33441-1867 DEERFIELD FL 33441** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City, & State 4. FEI Number 65-0612940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent -Wallick MOOTY, LEE Street Address (P.O. Box Number is Not Acceptable) 601 FAIRWAY DR. Fairway DEERFIELD FL 33441 Zip Code **3344** 8. The above named for the purpose of changing its registered office or registered agent, or both, in the State of Florida d agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. tim wallick TITLE TITLE X Addition Delete 601 fairway Dr Deerfield Beach. NAME WARSHAL, BRUCE STREET ADDRESS STREET ADDRESS 601 FAIRWAY DR. CITY-ST-ZIP CITY-ST-ZIF DEERFIELD FL Change TITLE Addition TITI E PATTERSON, SCOTT NAME NAME STREET ADDRESS 601 FAIRWAY DR. STREET ADDRESS CITY-ST-ZIF CITY - ST-7IP DEERFIELD FL VTS TITLE Déleté TITLE Change . Addition MOOTY, LEE NAME NAME STREET ADDRESS 601 FAIRWAY DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEERFIELD FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP oesmot cuality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director executer his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true an of the corporation or the receiver or trust

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME (

NING OFFICER OR DIRECTOR

SIGNATURE: