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Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90033 042 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000002758

1. Corporation Name

CYGNUS PUBLISHING HOLDINGS, INC.

Principal Place of Business

3060 PEACHTREE ROAD
SUITE 220
ATLANTA GA 30305
1233 JAMESVILLE AVE.
FT. ATKINSON, WI. 53538

Mailing Address

3060 PEACHTREE ROAD
SUITE 220
ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

58-2313255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PCOO
NAME SCHMIDT-FELLNER, F B D
STREET ADDRESS 3060 PEACHTREE RD, STE 220
CITY-ST-ZIP ATLANTA GA 30305

☐ DELETE

TITLE CCEO
NAME HOGAN, GERALD D
STREET ADDRESS 405 CENTRAL AVE., STE. 300
CITY-ST-ZIP ST. PETERSBURG FL 33701

☐ DELETE

TITLE D
NAME BYNUM, FRANK K
STREET ADDRESS 320 PARK AVENUE, 24TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

☐ DELETE

TITLE D
NAME WALL, THOMAS R IV
STREET ADDRESS 320 PARK AVENUE, 24TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

☐ DELETE

TITLE TAS
NAME SCHROEDER, CRAIG
STREET ADDRESS 1233 JAMESVILLE AVE.
CITY-ST-ZIP FT. ATKINSON WI 53538

☐ DELETE

TITLE S
NAME ALTENBACH, JAMES S
STREET ADDRESS 3060 PEACHTREE ROAD, STE. 1100
CITY-ST-ZIP ATLANTA GA 30305

☐ DELETE

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 ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

6/30/99 920-563-1756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)