


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90010 022 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F98000006601**

1. Corporation Name
UNITED NEWS & MEDIA (DELAWARE) INC.

Principal Place of Business 1201 NORTH ORANGE STREET WILMINGTON DE 19801	Mailing Address 1201 NORTH ORANGE STREET WILMINGTON DE 19801
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DO NOT WRITE IN THIS SPACE

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 12/04/1998	
				4. FEI Number 13-3152151	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, NED	1.2 NAME	
STREET ADDRESS	1201 NORTH ORANGE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19801	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	Director, President, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, RICHARD M	2.2 NAME	Richard M. Block
STREET ADDRESS	1201 NORTH ORANGE STREET	2.3 STREET ADDRESS	1201 North Orange Street
CITY-ST-ZIP	WILMINGTON DE 19801	2.4 CITY-ST-ZIP	Wilmington, DE 19801
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Director, SVP, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURNSEY, ANNE W	3.2 NAME	Anne W. Gurnsey
STREET ADDRESS	1201 NORTH ORANGE STREET	3.3 STREET ADDRESS	1201 North Orange Street
CITY-ST-ZIP	WILMINGTON DE 19801	3.4 CITY-ST-ZIP	Wilmington, DE 19801
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Director & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, MARY E	4.2 NAME	Mary Ellen Brock
STREET ADDRESS	1201 NORTH ORANGE STREET	4.3 STREET ADDRESS	1201 North Orange Street
CITY-ST-ZIP	WILMINGTON DE 19801	4.4 CITY-ST-ZIP	Wilmington, DE 19801
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEPSON, HANS	5.2 NAME	
STREET ADDRESS	1201 NORTH ORANGE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19801	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director, VP-Taxation <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Michael A. Russak, Jr.
STREET ADDRESS		6.3 STREET ADDRESS	1201 North Orange Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Wilmington, DE 19801

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 all other like empowered.

SIGNATURE: *Signature* 3/22/99 (212) 306-0870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

Supplemental Attachment to Question #12

546804-90010-22

F98000006601

United News & Media (Delaware) Inc.

Name & Title

Address

Annmarie Fowler
Assistant Corporate Secretary

1201 North Orange Street
Wilmington, DE 19801