
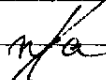


FILED  
Apr 14 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS									
<b>DOCUMENT # J17108</b> 1. Corporation Name <b>SUNRISE NEWS AND SHOPPER, INC.</b>		<b>(8)</b>									
Principal Place of Business <b>8421 SUNSET STRIP</b> <b>SUNRISE FL 33322</b> <b>US</b>		Mailing Address <b>8421 SUNSET STRIP</b> <b>SUNRISE FL 33322</b> <b>US</b>									
2. Principal Place of Business <b>21 8421 Sunset Strip</b> <small>Suite, Apt. #, etc.</small> <b>22</b> City & State <b>23 Sunrise, Florida</b> <small>Zip Country</small> <b>24 33322 25 USA</b>		2b. Mailing Address <b>26 PO Box 130207</b> <small>Suite, Apt. #, etc.</small> <b>27</b> City & State <b>28 Sunrise, Florida</b> <small>Zip Country</small> <b>29 33313 30 USA</b>									
9. Name and Address of Current Registered Agent <b>MANGERIAN, MAYDA</b> <b>8421 SUNSET STRIP</b> <b>SUNRISE FL 33313</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>81</b></td> <td>Name</td> </tr> <tr> <td style="text-align: center;"><b>82</b></td> <td>Street Address</td> </tr> <tr> <td style="text-align: center;"><b>83</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>84</b></td> <td>City</td> </tr> </table>		<b>81</b>	Name	<b>82</b>	Street Address	<b>83</b>		<b>84</b>	City
<b>81</b>	Name										
<b>82</b>	Street Address										
<b>83</b>											
<b>84</b>	City										
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required.)</small>											
<b>OFFICERS AND DIRECTORS</b>											
<b>12.</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MANGERIAN, MAYDA</b> <b>8421 SUNSET STRIP</b> <b>SUNRISE FL</b>	<input type="checkbox"/> DELETE	<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>MANGERIAN, STEVEN G.</b> <b>8421 SUNSET STRIP</b> <b>SUNRISE FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP								
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP								
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP								
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP								
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP								

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/02/1986</b>	
4. FEI Number <b>65-0001380</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
<div style="text-align: center;">           (P.O. Box Number is Not Acceptable)       </div> <div style="text-align: center;">  </div>	
FL	85 Zip Code



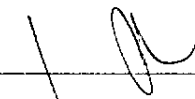
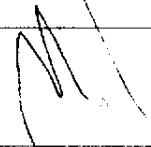
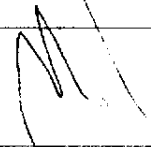
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 requesting agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATA

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE PD MANGERIAN, MAYDA 8421 SUNSET STRIP SUNRISE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE ST MANGERIAN, STEVEN G. 8421 SUNSET STRIP SUNRISE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

**SIGNATURE:**

4/5/05 1950 1741-1002

CR2E034 (10/97)