

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L03039** (9)
1. Corporation Name
BASKERVILLE ADVERTISING, INC.

Principal Place of Business 434 SOUTH WASHINGTON BLVD SARASOTA FL 34236	Mailing Address 434 SOUTH WASHINGTON BLVD SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1221 1st St. Suite, Apt. #, etc. 22 City & State 23 Sarasota FL Zip Country 24 34236 25 U.S.		2a. Mailing Address 26 1221 1st St Suite, Apt. #, etc. 27 City & State 28 Sarasota FL Zip Country 29 34236 30 USA		3. Date Incorporated or Qualified 07/14/1989	
		4. FEI Number 65-0156292		Applied For Not Applicable	
		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 or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**PIERCE, CHARLES E.
434 SOUTH WASHINGTON BLVD
SARASOTA FL 34236**

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

OFFICERS AND DIRECTORS

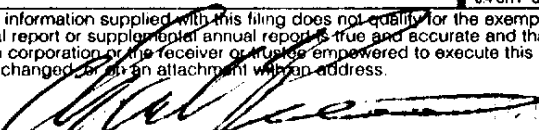
12. TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BERLIN, FRANK G., SR.	
STREET ADDRESS	435 S. GULFSTREAM SUITE 207	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BERLIN, FRANK G., JR.	
STREET ADDRESS	435 S. GULFSTREAM SUITE 207	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIERCE, CHARLES E.	
STREET ADDRESS	435 S. GULFSTREAM SUITE 207	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARKEY, EILEEN M	
STREET ADDRESS	435 S. GULFSTREAM SUITE 207	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JACKSON, JAMES R.	
STREET ADDRESS	435 S. GULFSTREAM SUITE 207	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:



3/30/98 941-366-3888

CR2E034 (10/97)