

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36021 (8)

1. Corporation Name

NEWBORN NEWS, INC.

Principal Place of Business

%STEVEN A. WEINBERG
1021 MONTICELLO AVE.
DAVIE FL 33325

Mailing Address

%STEVEN A. WEINBERG
1021 MONTICELLO AVE.
DAVIE FL 33325

2. Principal Place of Business

21 5746 NW 100th Terrace

Suite, Apt. #, etc.

22 City & State

23 Coral Springs, FL

24 Zip 33076 25 Country USA

2a. Mailing Address

26 5746 NW 100th Terrace

Suite, Apt. #, etc.

27 City & State

28 Coral Springs, FL

29 Zip 33076 30 Country USA

3. Date Incorporated or Qualified
12/06/1989

3a. Date of Last Report
04/10/1995

4. FEI Number
65-0165070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEINBERG, STEVEN A.
8000 PETERS RD
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 of person named as registered agent in this statement

Signature of Registered Agent (Signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME KOHN, MARVIN
STREET ADDRESS 1201 MONTICELLO AVENUE
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE
NAME KOHN, MINDY
STREET ADDRESS 1201 MONTICELLO AVENUE
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Mindy Kohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

(954)340-2722

CR2E034 (12/95)