FILE NOW: Fee after May 1, will be \$588.75



	ANNUAL REPORT 1997	Sai	n dra B. M Secretary of			FILED		
FILING \$ 203		0.00 + \$103.75 Corporation To: FLORIDA DEF				-1 PM		
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L9500000				0377	SECRETARY OF STATE			
ADVANCE PUBLISHERS, L.C. 501 SOUTH NEW YORK AVENUE SUITE 210 WINTER PARK FL 32789-4275 If above mailing address is incorrect in any way, tine through incorrect information and enter correction					1a. Phropat Place of Business Address 501 SOUTH NEW YORK AVENUE SUITE 210 WINTER PARK FL 32789			
	pal Place of Business	2a. Mailing Addres		TECTION IN DIOCK EA.	3. Date Organiz	ed or Qualified	3a. State	of Formation
	SAME	5	SAME		05/10/1005		-	
Suite, Ap	#, étc.	Suite, Apt. #, etc.	pt. #, etc.		05/10/1995 4. FEI Number		FL	Applied For
City & Sta	ale	City & State	State					Not Applicable
Zip Country		Zip Counti		les d	5. Date of Last Report		6. Certifica	ate of Status Desired
2.1 P	Country	2.19	Courn	u y	05 (01 (1)	٠	\$8.75 Addit	ional Fee Regoired
	7. Name and Address of Currer	nt Registered Agent		<u> </u>	05/01/19 8. Name and Add		cistered Ac	ent
its registe	ant to the provisions of Sections 608.41t ared office or registered agent, or both, in t ered agent, and accept the obligations.	6 and 608.508, Florida Si the State of Florida. Such (tatutes, the a change was a	City bove-named limited authorized by affirms	I liability company s tive vote of a majorit	***** FL ubmits this state	Zip Code	purpose of changing
SIGNATU		ng Appointment) (NOTE: Register						
10. Title			red Agent signatui	re required when reinstating		DATE		
	Managing Members/Manage			re required when reinslating	p)	,	State and Z	ip Code

11 Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER