

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

FILED
Feb 24 1998 8:00am
Secretary of State



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

DOCUMENT # M91412 (0)
 1. Corporation Name
IN THE NEWS, INC.



Principal Place of Business Mailing Address
4895-F W. WATERS AVE. TAMPA FL 33634 **4895-F W. WATERS AVE. TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1988	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BILLINGE, THOMAS A 4895-F W. WATERS AVE. TAMPA FL 33634				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 _____ DATE _____
Signature, typed or printed name of the registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BILLINGE, THOMAS A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3706 CRABCAKE CIRCLE	1.2 NAME	
CITY-ST-ZIP	TAMPA FL 33603	1.3 STREET ADDRESS	
TITLE	VPD MURANTE, BARRY, JR.	1.4 CITY-ST-ZIP	
STREET ADDRESS	3706 NORTH RIDGE AVENUE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA FL	2.2 NAME	
TITLE	STD BILLINGE, ALMA	2.3 STREET ADDRESS	
STREET ADDRESS	3706 CRABCAKE CIRCLE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL 33603	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *Thomas A. Billinge* 2-19-98

CR2E034 (10/97)