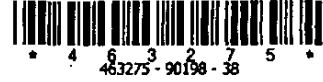


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90198 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14472 1. Corporation Name: FLORIDA NEWSPAPER CO-OP ASSOCIATION, INC.					
Principal Place of Business JOHN RACHELL/PALM BEACH POST 2751 S DIXIE HWY W PALM BEACH FL 33405 US			Mailing Address JOHN RACHELL/PALM BEACH POST 2751 S DIXIE HWY W PALM BEACH FL 33405 US		



2. Principal Place of Business 21 Kathy Jackson/Tampa Tribune		2a. Mailing Address 26 Carol Reese/FNCA		3. Date Incorporated or Qualified 04/18/1986	
Suite, Apt. #, etc. 22 202 S Parker St		Suite, Apt. #, etc. 27 3030 Hatton St.		4. FEI Number 59-2790909	
City & State 23 Tampa, FL		City & State 28 Sarasota, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24 33606		Zip 29 34237		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25 US		Country 30 US			

9. Name and Address of Current Registered Agent PONCE, HERNAN 1 HERALD PLAZA MIAMI FL 33132				10. Name and Address of New Registered Agent 81 Name Reese, Carol 82 Street Address (P.O. Box Number is Not Acceptable) 3030 Hatton St. 83 84 City Sarasota FL 85 Zip Code 34237	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Carol Reese, Exec Secy/Treasurer DATE 4/28/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	JACKSON, KATHY	1.2 NAME	Jackson, Kathy
STREET ADDRESS	202 S PAVEN ST	1.3 STREET ADDRESS	202 S Parker St.
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	PD ☒ DELETE	2.1 TITLE	ES/TD ☐ Change ☒ Addition
NAME	PONCE, HERNAN	2.2 NAME	Reese, Carol
STREET ADDRESS	1 HERALD PLAZA	2.3 STREET ADDRESS	3030 Hatton St
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	Sarasota, FL 34237
TITLE	VPD ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	RACHELL, JOHN	3.2 NAME	Rachell, John
STREET ADDRESS	2751 S DIXIE HWY	3.3 STREET ADDRESS	2751 S. Dixie Hwy
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	W. Palm Beach, FL 33405
TITLE	SD ☒ DELETE	4.1 TITLE	SD ☐ Change ☒ Addition
NAME	LINWOOD, ALLEN	4.2 NAME	Scharlach, Greg
STREET ADDRESS	901 6TH ST	4.3 STREET ADDRESS	633 N. Orange Ave
CITY-ST-ZIP	DAYTONA BEACH FL 32127	4.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/28/99 DAYTIME PHONE: 813 259-7584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)