

FILE NOW: FILING FEE IS \$61.25

FILED  
May 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N33162 (1)  
1. Corporation Name  
**FLORIDA NEWSPAPER ADVERTISING NETWORK, INC.**



Principal Place of Business: 633 N. ORANGE AVE. MAILPOINT 52 ORLANDO FL 32801  
Mailing Address: P.O. BOX 2831 DAYTONA BEACH FL 32120-2831

3. Date Incorporated or Qualified: 07/03/1989  
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Orlando, FL 24 Zip: 32801 25 Country  
2a. Mailing Address: 26 633 N. Orange Avenue 27 Mailpoint 52 28 City & State: 29 Orlando, FL 30 Zip: 32801 31 Country

4. FEI Number: 65-0136810 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 [X] No [ ]

9. Name and Address of Current Registered Agent  
~~KENDALL, DAVID R  
901 SIXTH STREET  
DAYTONA BEACH FL 32117~~

10. Name and Address of New Registered Agent  
81 Name: Robert A. Berry  
82 Street Address (P.O. Box Number is Not Acceptable): 633 N. Orange Avenue  
83 Mailpoint 52  
84 City: Orlando FL 85 Zip Code: 32801

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: Robert A. Berry (Signature, typed or printed name of registered agent and title if applicable.)  
Signature: Robert A. Berry (Not a registered agent signature required when reinstating)  
DATE: 5-19-97

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COUGHLIN, KATHY	
STREET ADDRESS	901 SIXTH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEIGER, BILL	
STREET ADDRESS	633 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENDALL, DAVID R	
STREET ADDRESS	901 SIXTH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shelly Greenberger	
1.3 STREET ADDRESS	200 East Las Olas Blvd.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tony DiSalvo	
2.3 STREET ADDRESS	202 South Parker Street	
2.4 CITY-ST-ZIP	Tampa, FL 33606	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jim Doughton	
3.3 STREET ADDRESS	801 South Tamiami Trail	
3.4 CITY-ST-ZIP	Sarasota, FL 34236	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patrick Berling	
4.3 STREET ADDRESS	1075 Central Avenue	
4.4 CITY-ST-ZIP	Naples, FL 33940	
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	200002202332	
6.3 STREET ADDRESS	-06/05/97--01004--030	
6.4 CITY-ST-ZIP	***61.25	

5/22/97

14. I do 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.  
SIGNATURE: Robert A. Berry

CR2E037 (9/96)