SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ı	1998		DIVISION OF CORPORATIONS					Secretary of State				
DOCUMENT # N33162 (1)								500100	<i></i> ,	) I \	reace	
FLORIDA NEWSPAPER ADVERTISING NETWORK, INC.												
LOUDA MENOLAL EN ADTENTIONAL MENTONING MO.												
Principal Place	e of Business	Malling Address										
633 N. ORANO	BE AVE.	633 N. ORANGE AVE.				3.	Date Incorporated or Qualified					
MAILPOINT 52			MAILPOINT 52					07/03/1989				
ORLANDO FL	32001	ORLANDO FL 32801			4.	FEI Number		Ap	plied For			
							<u>65-0136810</u>		<del></del>	ot Applicable		
2. Principal Place of Business			2a. Malling Address				5.	Certificate of Status Desired		\$8.75 / Fee Re		
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				6	Election Campaign Financing		\$5.00 h	<del></del>	
22	, 5.6.	27				"	Trust Fund Contribution		Added to			
City & Stat	в	City & State				7.	7. Is this nonprofit corporation a homeowners association?					
23			28					Yes No				
Zip	<u> </u>	untry	Zip	_	untry		8.	This corporation owes or has pal Personal Property Tax due June			angible     No	
24	9. Name and Ar	Idress of Current	29  Registered Agent	30	1		10.	Name and Address of New Re				
					81	Name						
BERRY, ROBERT A					82	Street	Addres (F	P.O. Box Number is Not Acceptable	e)	<del></del>		
633 N. ORANGE AVE.								TO, BOX HOMBON TO THOSE NOOPHODE				
MAILPOINT 52					83							
ORLANDO FL 32801					84 City					85 Zip (	Code	
44 5	047.0500	1047 4508 EL III. OLI III.	46 6 -	ليل	L		the state of the s	FL	las Ha sasi	latarod		
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.											istered	
	n familiar with, and a	ccept the obligatio	ns of, section 617.0503, Flor	ida Statu	ıtes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req								en reinstating)	DATE			
12.		OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFIC		<del>. /</del>	RS IN 12	
TITLE	CD	ALIEN IV	<b>P</b> DELETE	1.1 7			CHAI	RMAN-D	L <u>P</u>	Change	Addition	
NAME	GREENBERGER, 200 EAST LAS (			1	IAME	ADDRESS	TON	4 DISALVO	TOOL	7		
STREET ADDRESS	FT. LAUDERDALI		/	1.351			202	504TH PAPIKER =	s seco	•		
CITY-ST-ZIP TITLE	D	- 1 L GGGG1	DELETE	2.1 TITLE		-ZIF	1/1/2			Change	Addition	
NAME	DESALVO, TONY	•	C. Decem	2.2 N			NIM	DOUGHTON	<b>L</b>	j Glionge		
STREET ADDRESS	202 SOUTH PAR		23 \$1			2.3 STREET ADDRESS		SOUTH TAMIANI	-1024-11			
CITY-ST-ZIP	TAMPA FL 33600	3		2.4 CITY-ST-ZIP		52	45070 R 342	3/2/2				
TITLE	TD		☐ DELETE	3.1 T		i	TREA	SOUTH FEDERAL SOUTH FEDERAL ACT, FO 34994		Change	Addition	
NAME	DOUGHTON, JIN				IAME		GREG	ANDERSON	n			
STREET ADDRESS	1075 CENTRAL / NAPLES FL 3394					ADDRESS	1939	SOUTH FEDERA	my			
CITY-ST-ZIP TITLE	SD SD		DELETE		HTY-ST	-ZIP	074	101,10 St 114	<del></del>	Change	Addition	
NAME	BERLING, PATRI	CK			IAME				<u> </u>	1 change		
STREET ADDRESS	1075 CENTRAL			4.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	NAPLES FL 3394	10		4.4 0	TR-YTK	r-ZIP						
TITLE			OELETE	5.1 T	ITLE					] Change	Addition	
NAME					IAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			П .с	5.4 C 6.1 T	HTY-ST	-ZIP	<del> </del>			1 Chross	Addition	
NAME			DELETE		IAME				_	Change	Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				6.4 C	TZ-YTK	Γ- <b>Z</b> (P						
	ertify that the informa	ition supplied with to	his filing does not qualify for the new and accumulation and accumulations and accumulations and accumulations are seen accumulated as a seen accumulation and accumulations are seen accumulated as a	the exem	ption that	stated in	in section 1 ature shall	19.07(3)(I), Florida Statutes. I furth have the same legal effect as if m	er certify tha	it the Infor path; that	mation	

an officer or director of the corporation or the corporation of the reports as the annual report is used and accurate and that my name appears in Block 12 or Block 13 if changed of an attachment with an address. SIGNATURE: .

NAME OF BIOWING OFFICER OR DIRECTOR

407 - 420 -6112 Dayline Phone #

**FILED** 

Sep 02 1998 8:00am'