

DOCUMENT # N33162

1. Entity Name

FLORIDA NEWSPAPER ADVERTISING NETWORK, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-24-2000 90074 011 *****61.25

Principal Place of Business

Mailing Address

633 N. ORANGE AVE.
 MAILPOINT 52
 ORLANDO FL 32801

633 N. ORANGE AVE.
 MAILPOINT 52
 ORLANDO FL 32801-1300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0136810

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRY, ROBERT A
 633 N. ORANGE AVE.
 MAILPOINT 52
 ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME CD
 STREET ADDRESS DOUGHTON, JIM
 CITY-ST-ZIP 801 S TAMiami TRAIL
 SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VC
 STREET ADDRESS ANDERSON, GREG
 CITY-ST-ZIP 1939 SOUTH FEDERAL HWY
 STUART FL 34994

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~TD~~
 STREET ADDRESS ~~ANDERSON, GREG~~
 CITY-ST-ZIP ~~1939 SOUTH FEDERAL HWY~~
~~STUART FL 34994~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS KLINE, LARRY
 CITY-ST-ZIP 2751 SOUTH DIXIE HWY
 WEST PALM BEACH FL 33405

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

407 420-6112

Daytime Phone #

CR2E037 (9/99)