2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# N33162

Entity Name: FLORIDA NEWSPAPER ADVERTISING NETWORK, INC.

Current Principal Place of Business:

633 N. ORANGE AVE.
MAILPOINT 601
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

633 N. ORANGE AVE.
MAILPOINT 601
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 65-0136810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRY, ROBERT A
633 N. ORANGE AVE.
MAILPOINT 601
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BERRY, ROBERT A
Address: 633 S. ORANGE AVENUE MP 601
City-St-Zip: ORLANDO, FL 32801

Title: C ( ) Delete
Name: GESS, JOE
Address: 202 SOUTH PARKER
City-St-Zip: TAMPA, FL 33606

Title: VC ( ) Delete
Name: MOORE, DONNA
Address: 2442 DR MLK BLVD
City-St-Zip: FT MYERS, FL 33901

Title: T ( ) Delete
Name: OLSEN, ROB
Address: 2751 S DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S ( ) Delete
Name: LEE, ROBERT
Address: 801 S TAMIAMI TR
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: GAMMOND, KAREN
Address: 300 W LIME ST
City-St-Zip: LAKELAND, FL 33815

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: OLSEN, ROB
Address: 2751 S DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S (X) Change ( ) Addition
Name: COHEN, MARK
Address: ONE RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BERRY P 01/25/2007

Electronic Signature of Signing Officer or Director — Date