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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000003739

1. Corporation Name

NEWS ON PARADE, INCORPORATED

Principal Place of Business

Mailing Address

One Independent Drive, Suite 3303
 Jacksonville, Florida
 32202-5027

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 One Independent Drive

26 One Independent Drive

06/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 Suite 3303

27 Suite 3303

59-3541516

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Jacksonville FL

28 Jacksonville, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 32202-5027 25 USA

29 32202-5027 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sally J. Kircher
 One Independent Drive, Suite 3303
 Jacksonville, FL 32202-5027

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director + Secretary DELETE
 NAME Sally J. Kircher
 STREET ADDRESS One Independent Drive Suite 3303
 CITY-ST-ZIP Jacksonville FL 32202-5027

1.1 TITLE Treasurer Change Addition
 1.2 NAME Aliff, Mark T.
 1.3 STREET ADDRESS 8161 Blue Quill
 1.4 CITY-ST-ZIP Tallahassee FL 32312

TITLE Director DELETE
 NAME Faynor, Dawn
 STREET ADDRESS 1508 N.E. 13th St.
 CITY-ST-ZIP Cape Coral, FL 33909

2.1 TITLE Director Change Addition
 2.2 NAME Hoffenberg, Janice
 2.3 STREET ADDRESS 6216 Fordham Circle, East
 2.4 CITY-ST-ZIP Jacksonville, FL 32217

TITLE President + Director DELETE
 NAME McMahon, Candace
 STREET ADDRESS 2809 Shamrock Cir. N.
 CITY-ST-ZIP Tallahassee FL 32308

3.1 TITLE Director Change Addition
 3.2 NAME Whepley, Marilyn
 3.3 STREET ADDRESS 440 Habersham
 3.4 CITY-ST-ZIP Savannah GA 31401

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Director Vice President Change Addition
 4.2 NAME Yamitz, Chris
 4.3 STREET ADDRESS 12421 Kozy Rest Lane
 4.4 CITY-ST-ZIP Jacksonville FL 32258

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Vice President Change Addition
 5.2 NAME Moores, Carole
 5.3 STREET ADDRESS 3273 Kimberly Woods Court
 5.4 CITY-ST-ZIP Lilburn, Ga 30047

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

Mark T. Aliff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Aliff Treasurer

5/1/99

850/414-3789

Date

Daytime Phone #

CR2E037 (1/1/98)