## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	Э	# P03000003 NEWS INC.	711				F	E D PH 1:13	
Principal Place	e of Business		Mailing Address				SECRETAR	Y OF STATE. See, Florida	
2907 ORMON			2907 ORMOND AVE Panama City, FL 32405				TALLAHASS	SEE, FLUKIDA	
PANAMA CITY	, FL 32405	•	FANAMA CITT, FL 32403			1 20011501-111		s naim baisa min innaé kanal lini	<b>48</b> 1 (1 4 <b>84</b> )
2. Principal Pl	ace of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04082004	Chg-P	CR2E034 (10/03)	NKD
City & State			City & State			4. FEI Numbe	ir'	No	plied For t Applicable
Zip	Zip Country		Zip Cou		try	5. Certificate	of Status Desired	S8.75 Add Fee Required	
	6. Name	and Address of Current	legistered Agent Name			7. Name and	Address of New R	egistered Agent	
FALLIS, MARION EUGENE						P.O. Boy Numbe	er is Not Acceptable		
2907 ORM PANAMA (			Street Addres			F,O, BOX NUMBE	a 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. I am familiar with, and accept the obligations of registered agent.									
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 \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.		OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS	
TITLE NAME	PDC FALLIS, N	MARION EUGENE	☐ Delete	TITU	· I	- 	30003:	□ Change □ 224573 105029 **1	☐ Addition ( S
STREET ADDRESS CITY-ST-ZIP	F	MOND AVE			ET ADDRESS -ST-ZIP	U4,	<sup>21/04010</sup>	005029 **I	50.00
TITLE	VST	CITY, FL 32405	□ Delete	TITL				☐ Change	☐ Addition
NAME	FALLIS, V		NAM		ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ı	MOND AVE CITY, FL 32405			'-ST-ZIP			•	
TITLE	☐ Delete				E			☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STRI	EET ADORESS				
CITY-ST-ZIP				CITY	-ST-ZIP				☐ Addition
TITLE NAME			☐ Delete <sup>3</sup> Ti N		l l			Change	Addition
STREET ADDRESS CITY-ST-ZIP				- 6	EET ADDRESS /-ST-ZIP				
TITLE	☐ Delete				E	<del>.</del>		☐ Change	Addition
NAME STREET ADDRESS	YDRESS.				ME EET ADDRESS	•			
CITY-ST-ZIP	· •				/-ST-ZIP		MAN CONTRACTOR OF THE PARTY OF		
TITLE NAME		_	Delete	E AE			☐ Change	Addition	
STREET ADDRESS				STR	EET ADDRESS			•	ŀ
CITY-ST-ZIP	north, that 's	na information supplied with	h this filing does not suplify to		r-ST-ZIP	ection 119.07/3\	(i). Florida Statutes	I further certify that the is	nformation
12. I hereby certify that the information supplied with this filing does not evally 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 by 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 607, 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 AND THE CONTROL OF THE CONTRO									