

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996. AMOUNT DUE ON OR BEFORE 6/30/96: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 JUN 29 PM 3: 47

SECRET/TALLAHASSEE

DOCUMENT # P09373 (2)

1. Corporation Name
STORER COMMUNICATIONS, INC.

Principal Place of Business: 1500 MARKET STREET, 35TH FLOOR, PHILADELPHIA PA 19102 US
Mailing Address: 1500 MARKET STREET, 35TH FLOOR, PHILADELPHIA PA 19102 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/11/1986	05/01/1994
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2638006	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, THOMAS G	12 NAME	
STREET ADDRESS	1500 MARKET STREET	13 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN	22 NAME	
STREET ADDRESS	1500 MARKET STREET	23 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S	32 NAME	
STREET ADDRESS	1500 MARKET STREET	33 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, STANLEY	42 NAME	
STREET ADDRESS	1500 MARKET STREET	43 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	44 CITY - ST - ZIP	
TITLE	T	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHIN, JOHN	52 NAME	
STREET ADDRESS	1500 MARKET STREET	53 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RALPH	62 NAME	
STREET ADDRESS	1500 MARKET STREET	63 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	64 CITY - ST - ZIP	

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SCC 6-29-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. S. Backstrom C. STEPHEN BACKSTROM 6/27/95 (215) 665-1700

CR2E034 (3/95)