

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P09373 (2)  
1. Corporation Name  
STORER COMMUNICATIONS, INC.



Principal Place of Business: 1401 NORTHPOINT PARKWAY 2ND FLOOR WEST PALM BEACH FL 33407 US  
Mailing Address: 1500 MARKET ST. 36TH FLOOR PHILADELPHIA PA 19102-4736

3. Date Incorporated or Qualified: 03/11/1986  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-2638096  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country  
25. Zip Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip Country  
30. Zip Country

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
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	
TITLE	P BAXTER, THOMAS G <input type="checkbox"/> DELETE
NAME	1500 MARKET STREET
STREET ADDRESS	PHILADELPHIA PA 19102
CITY-ST-ZIP	
TITLE	V BACKSTROM, C. STEPHEN <input type="checkbox"/> DELETE
NAME	1500 MARKET STREET
STREET ADDRESS	PHILADELPHIA PA 19102
CITY-ST-ZIP	
TITLE	V SMITH, LAWRENCE S <input type="checkbox"/> DELETE
NAME	1500 MARKET STREET
STREET ADDRESS	PHILADELPHIA PA 19102
CITY-ST-ZIP	
TITLE	S WANG, STANLEY <input type="checkbox"/> DELETE
NAME	1500 MARKET STREET
STREET ADDRESS	PHILADELPHIA PA 19102
CITY-ST-ZIP	
TITLE	T ALCHIN, JOHN <input type="checkbox"/> DELETE
NAME	1500 MARKET STREET
STREET ADDRESS	PHILADELPHIA PA 19102
CITY-ST-ZIP	
TITLE	D ROBERTS, RALPH <input type="checkbox"/> DELETE
NAME	1500 MARKET STREET
STREET ADDRESS	PHILADELPHIA PA 19102
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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. Stephen Backstrom* C. STEPHEN BACKSTROM 2/12/97 (215) 981-7557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)