

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90076 031 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P09373**

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 19102-2148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1201 Market Street

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2201

City & State

23 Wilmington, DE

Zip

24 19801

Country

25 US

Zip

29

Country

30

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

FL

85 Zip Code

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

*Jordan Nadell*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/99

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	C. Stephen Backstrom	
1.3 STREET ADDRESS	1500 Market Street	
1.4 CITY-ST-ZIP	Philadelphia, PA 19102	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph J. Euteneuer	
2.3 STREET ADDRESS	1500 Market Street	
2.4 CITY-ST-ZIP	Philadelphia, PA 19102	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jordan R. Nadell	
3.3 STREET ADDRESS	1500 Market Street	
3.4 CITY-ST-ZIP	Philadelphia, PA 19102	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William E. Dordelman	
4.3 STREET ADDRESS	1500 Market Street	
4.4 CITY-ST-ZIP	Philadelphia, PA 19102	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rosemarie S. Teta	
5.3 STREET ADDRESS	1500 Market Street	
5.4 CITY-ST-ZIP	Philadelphia, PA 19102	
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 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, with all other like empowered.

SIGNATURE:

*Jordan Nadell*, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99 215-981-7830

Date Daytime Phone #

CR2E034 (11/98)