


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

0544681

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P09373**

1. Corporation Name  
**STORER COMMUNICATIONS, INC.**



|   |  |
|---|--|
| Principal Place of Business<br>1401 NORTHPOINT PARKWAY<br>2ND FLOOR<br>WEST PALM BEACH FL 33407<br>US | Mailing Address<br>1500 MARKET ST.<br>36TH FLOOR<br>PHILADELPHIA PA 19102-2148 |
|---|--|

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 1701 Market Street<br>Suite, Apt. #, etc.<br>22 Suite 200<br>City & State<br>23 Wilmington, DE<br>Zip<br>24 19801 Country<br>25 US | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 Country<br>30 |
|---|---|

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified<br>03/11/1986  | Applied For<br>Not Applicable  |
| 4. FEI Number<br>59-2638096  |                                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

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 |                       | DELETED                                    |
|----------------------------|-----------------------|--|
| 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 |                        | Change                              | Addition                 |
|---|------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE   | P/T                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> |
| 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"/>            | <input type="checkbox"/> |
| 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 DATE: 4/11/99 DAYTIME PHONE #: 215-981-7830

CR2E034 (1/1/98)