


FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12400 (8) 1. Corporation Name CLEARWATER NEWSPAPERS, INC.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 21 959 Eighth Avenue Suite, Apt. #, etc. 22 City & State 23 New York, NY Zip 24 10019			2a. Mailing Address 26 227 West Trade Street Suite, Apt. #, etc. 27 ATTN.: Corporate Tax City & State 28 Charlotte, NC Zip 29 28202		
3. Date Incorporated or Qualified 12/09/1986			3a. Date of Last Report 06/20/1995		
4. FEI Number 13-3243147			Applied For Not Applicable		
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		
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DVP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	GUITTAR, LEE J		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	959 EIGHTH AVENUE		1.2 NAME		
CITY-ST-ZIP	NEW YORK NY 10019		1.3 STREET ADDRESS		
TITLE	DP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	DANZIG, ROBERT J.		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	959 EIGHTH AVENUE		2.2 NAME		
CITY-ST-ZIP	NEW YORK NY 10019		2.3 STREET ADDRESS		
TITLE	DVP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	COURY, BRUCE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	301 S. MYRTLE AVENUE		3.2 NAME		
CITY-ST-ZIP	CLEARWATER FL		3.3 STREET ADDRESS		
TITLE	T	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	LEWIS, EDWIN A.		4.1 TITLE	000002164160 Change <input type="checkbox"/> Addition	
STREET ADDRESS	959 EIGHTH AVENUE		4.2 NAME	-05/02/97--01115--030	
CITY-ST-ZIP	NEW YORK NY 10019		4.3 STREET ADDRESS	***165.00	
TITLE	S	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	Jodie W. King		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	959 Eighth Avenue		5.2 NAME		
CITY-ST-ZIP	New York, NY 10019		5.3 STREET ADDRESS		
TITLE	AT	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME	GOTTLIEB, STANLEY A.		6.1 TITLE	A/T	
STREET ADDRESS	959 EIGHTH AVENUE		6.2 NAME	Dionysios Psychogios	
CITY-ST-ZIP	NEW YORK NY 10019		6.3 STREET ADDRESS	227 West Trade Street	
			6.4 CITY-ST-ZIP	Charlotte, NC 28202	

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 119.07(3)(k), 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: Dionysios Psychogios D. Psychogios

4/22/97

704-348-8531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #