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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P22085 (5)
1. Corporation Name
ASBURY PARK PRESS, INC.



Principal Place of Business: 3801 HIGHWAY 06, LOT 1550, NEPTUNE NJ 07753-2604
Mailing Address: % WKCF-FM, 602 COURTLAND ST., SUITE 200, ORLANDO FL 32804-1340

3. Date Incorporated or Qualified: 12/13/1988
3a. Date of Last Report: 04/30/1996
4. FEI Number: 21-0397560
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
2a. Mailing Address: 26
Suite, Apt #, etc.: 22
City & State: 27
Zip: 24
Country: 25
Country: 29
Country: 30

9. Name and Address of Current Registered Agent
LASS, MARK
802 COURTLAND ST.
SUITE 200
ORLANDO FL 32804

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

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: PD
NAME: LASS, E. DONALD
STREET ADDRESS: 4 MILWIN CT.
CITY-ST-ZIP: W. ALLENHURST NJ
[] DELETE
TITLE: VD
NAME: PLANGERE, JULES L. III
STREET ADDRESS: 3801 HIGHWAY 06 BOX 1550
CITY-ST-ZIP: NEPTUNE FL
[] DELETE
TITLE: SD
NAME: RITSCHER, CHARLES W.
STREET ADDRESS: 7 WALNUT PL.
CITY-ST-ZIP: W. LONG BRANCH NJ
[] DELETE
TITLE: TD
NAME: MURPHY, ROBERT E.
STREET ADDRESS: 508 PASSAIC AVE.
CITY-ST-ZIP: SPRING LAKE NJ
[X] DELETE
TITLE: C
NAME: PLANGERE, JULES L., JR
STREET ADDRESS: 108 MORRIS AVENUE
CITY-ST-ZIP: SPRING LAKE NJ
[] DELETE
TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VD [X] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE VTD [] Change [X] Addition
4.2 NAME ALFRED D. COLANTONI
4.3 STREET ADDRESS 26 HILLSIDE TERRACE
4.4 CITY-ST-ZIP OCEAN, NJ
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE VD [] Change [X] Addition
6.2 NAME MARK D. LASS
6.3 STREET ADDRESS 812 EAGLE CLAW CT.
6.4 CITY-ST-ZIP LAKE MARY, FL

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: _____ DATE: APRIL 1, 1997 DAYTIME PHONE #: 407-645-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)