

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

FILED
Jan 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P27313 (6)
1. Corporation Name
ANDERSON NEWS CORPORATION

Principal Place of Business 6016 BROOKVALE LN 151 KNOXVILLE TN 37919 US	Mailing Address 6016 BROOKVALE LN 151 KNOXVILLE TN 37919 US
---	---

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

3. Date Incorporated or Qualified 12/14/1989	4. FEI Number 63-1012499	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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CT 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	CEOD <input type="checkbox"/> DELETE
NAME	ANDERSON, CHARLES C.
STREET ADDRESS	202 NORTH COURT STREET
CITY - ST - ZIP	FLORENCE AL
TITLE	CD <input type="checkbox"/> DELETE
NAME	ANDERSON, JOEL R.
STREET ADDRESS	202 NORTH COURT STREET
CITY - ST - ZIP	FLORENCE AL
TITLE	CD <input type="checkbox"/> DELETE
NAME	ANDERSON, CHARLES C., JR
STREET ADDRESS	202 M COURT ST
CITY - ST - ZIP	FLORENCE AL
TITLE	S <input type="checkbox"/> DELETE
NAME	CLARK, CYNTHIA W
STREET ADDRESS	202 NORTH COURT STREET
CITY - ST - ZIP	FLORENCE AL
TITLE	V <input type="checkbox"/> DELETE
NAME	LARDIE, BILL
STREET ADDRESS	421 EAST 34TH STREET
CITY - ST - ZIP	AMARILLO TX
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DAUGHERTY, GERALD H.
STREET ADDRESS	202 NORTH COURT STREET
CITY - ST - ZIP	FLORENCE AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP AND TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAYER, JAY R.
1.3 STREET ADDRESS	6016 BROOKVALE LANE, SUITE 151
1.4 CITY - ST - ZIP	KNOXVILLE, TN 37919
2.1 TITLE	CEO AND DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDERSON, JOEL R.
2.3 STREET ADDRESS	202 NORTH COURT STREET
2.4 CITY - ST - ZIP	FLORENCE, AL 35630
3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANDERSON, CHARLES C.
3.3 STREET ADDRESS	202 NORTH COURT STREET
3.4 CITY - ST - ZIP	FLORENCE, AL 35630
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 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: _____ REQUIRED JAY R. MAYER 01/09/98 (423) 584-9765

CR2E034 (10/97)