

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P41151 (2)

1. Corporation Name

NORTH STREET NEWS, INC.



Principal Place of Business

P.O. BOX 7220
ERIE PA 16510

Mailing Address

P.O. BOX 7220
ERIE PA 16510

3. Date Incorporated or Qualified
10/22/1992

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

4. FEI Number

65-0303808

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

PFLUGNER, J. GEOFFREY, ESQUIRE
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

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

Signatures typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME
FETZNER, PAMELA
STREET ADDRESS
1115 STATE STREET
CITY-ST-ZIP
ERIE PA

1.2 NAME
1.3 STREET ADDRESS

1.1 TITLE
NAME
PIETRO, JOHN SANTO
STREET ADDRESS
1115 STATE STREET
CITY-ST-ZIP
ERIE PA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS

1.1 TITLE ☐ DELETE

2.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

1.1 TITLE ☐ DELETE

3.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

1.1 TITLE ☐ DELETE

4.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

1.1 TITLE ☐ DELETE

5.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

1.1 TITLE ☐ DELETE

6.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE

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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: *Pamela Fetzner* PAMELA FETZNER 1-16-96 453-6932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)