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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Myrtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P41151

(2)

NORTH STREET NEWS, INC.

Principal Place of Business

Mailing Address

The state of the s

97 JUN 27 AM 9: 05

SECREMANY OF STATE TALL AHASSEE FLORIDA



| P.O. BOX 7220 ERIE PA 16510 | | P.O. BOX 7220 ERIE PA 16510-0220 | | | | | |
|---|---|---|-------------------------|----------------------------------|---|---|----------------------------|
| | | | | | 3. Date Incorporated or Qualified 10/22/1992 | 3a. Dale of Last 01/24/1996 | ' ' |
| | ace of Business | 28. Mailing Address | al Bo | okknepir | 4. FEI Number | } | Applied For |
| 21 /0,3 8 Suite, Apt | Washington Blu | 1 26 12/17 Berea | L-Rd- | | 65-0303808 | | Not Applicable |
| 22 | *, 510. | 27 | | | 5. Certificate of Status Desired | | Additional Required |
| City & State | | City & State | Oh. | | 6. Election Campaign Financing Trust Fund Contribution | | May Be |
| | Sarasota, F 28 Cleveland, C | | Country | | Trust Fund Contribution | | |
| 24 342 | 36 25 | 29 44111 30 | | | Florida Statutes Yes X No | | |
| | 9. Name and Address of Curren | Registered Agent | | | 10. Name and Address of New Re | gistered Agent | |
| , CT | CORPORATION SYSTEM | | 81 | Name | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | 82 Street Addres | | ress (P.O. Box Number is Not Acceptab | le) | |
| , + PLAN | NTATION FL 33324 | | | | | | |
| • | | | 83 | | | | |
| | | | 84 | City | | FL 85 Zip | p Code |
| 11. Pursuant 1 | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes | , the above | e-named corp | poration submits this statement for the p | urpose of changing | its registered |
| 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE | or included the control of the control | 1010 01, 0001011 001.0000, 110111 | ou outdoo | | | | |
| SIGNATORE | Signature, typed or printed name of registered agei | | Registered Age | nt signature requir | red when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTO | |
| TITLE | PCD POLICIA | DELETE. | 1.1 7/1LE | 2 | ocott Moore Pro 1117 Bara Rd 16 Veland, Oh 44 | 231deft Change | Addition |
| NAME | FETZNER, PAMELA 1115 STATE STREET | | 1.2 NAME | 12 | 2117 Berra - PS | | |
| STREET ADDRESS | ERIE RA | | 1.3 STREET | ADURESS | 10/06/10/10/10/10/10/10/10/10/10/10/10/10/10/ | 2711 | |
| CITY-ST-ZIP TITLE | ST \ | ₩ DELETE | 1.4 CITY-ST-ZIP (1) | | ituaina, on 49 | Change | Addition |
| NAME | PIETRO, VOHN SANTO | P • • • • • • • • • • • • • • • • • • • | 2.2 NAME | | 7000022 | | |
| STREET ADDRESS | 1115 STATE STREET | | 2.3 STREET | ADORESS | 7000022 -07/01/9 | าวีกากรี4 | -010 J |
| CITY-ST-ZIP | ERIE DA | | | ****165.00 **** | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | |
| NAME | | | 3.2 NAME | | | | İ |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | |
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| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | Policie | 4.4 CITY-S | T - ZIP | | [] 0 | 4 4495 |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ∐ Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY-S 6.1 TITLE | 1-ZIP | | ☐ Change | Addition |
| NAME | | DECENT | 6.1 MAME | | | onango | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | | | | |
| | by certify that the information supplied | with this filing does not qualify | | | d in Section 119,07(3)(i), Florida Statutes | s. I further certify the | at the |
| informatio | n indicated on this annual report on or fficer or director of the Layspray on by | inplemental annual report is true the localities of Lustee empower | e and accu | irate and that ute this repor | d in Section 119.07(3)(i), Florida Statute I my signature shall have the same lega It as required by Chapter 607, Florida S | l effect as if made u tatules; and that my | inder oath, that / name |