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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000007483

1. Corporation Name
HORSE & PONY NEWSPAPER INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6229 VIRGINIA LANE
 SEFFNER FL 33583
 US

P.O. BOX 2050
 SEFFNER FL 33584-2050

(Minor changes)

3. Date Incorporated or Qualified

11/23/1992

2. Principal Place of Business

2a. Mailing Address

21 *Noise & Pony Newspaper Inc.*
 Suite, Apt. #, etc.

26 *Horse & Pony Newspaper Inc.*
 Suite, Apt. #, etc.

4. FEI Number

59-2647303

Applied For
 Not Applicable

22 *6225 Virginia Lane*
 City & State

27 *P.O. Box 2050*
 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 *Seffner FL 33584*
 Zip Country

28 *Seffner, FL 33583*
 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 *Hillsboro*
 Country

29 *Hillsboro*
 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SMITH, LOUISE F
 3305 RIVER GROVE DR
 TAMPA FL 33610

10. Name and Address of New Registered Agent

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 *Louise F Smith*

3/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE **ST**
 NAME **SMITH, LOUISE F**
 STREET ADDRESS **3305 RIVERGROVE DRIVE**
 CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE **P**
 NAME **HIRVELA, VALERIE J.**
 STREET ADDRESS **6230 VIRGINIA LANE**
 CITY-ST-ZIP **SEFFNER FL**

1.1 TITLE Change Addition

TITLE
 NAME
 STREET ADDRESS *(delete "Lane")*
 CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE DELETE

4.1 TITLE Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.2 NAME

TITLE DELETE

5.1 TITLE Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.2 NAME

TITLE DELETE

6.1 TITLE Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Louise F Smith* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

Date

Daytime Phone #

813-621-2570

CR2E034 (1/198)