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 # **P94000078199 (4)**

1. Corporation Name
NEWSONE, INC.

Principal Place of Business
15951 MCGREGOR BLVD
SUITE 2D
FT MYERS FL 33908

Mailing Address
15951 MCGREGOR BLVD
SUITE 2D
FT MYERS FL 33908

3. Date Incorporated or Qualified: 10/25/1994
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 McGregor
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 McGregor
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0535126 — 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

9. Name and Address of Current Registered Agent
WELLS, TERESA
15951 MCGREGORY BLVD
SUITE 2D
FT MYERS FL 33908

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: Teresa L. Wells, Asst Secretary — DATE: 2-3-96

12. OFFICERS AND DIRECTORS

TITLE	CBD	☐ DELETE
NAME	WOODS, FRANK A	
STREET ADDRESS	631 SECOND AVENUE SOUTH	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	PD	☐ DELETE
NAME	COWELL, W. PAUL	
STREET ADDRESS	8205 WALKER ROAD	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	VPD	☐ DELETE
NAME	COWELL, JEAN	
STREET ADDRESS	8205 WALKER ROAD	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	VPD	☐ DELETE
NAME	COWELL, KEVIN	
STREET ADDRESS	8205 WALKER ROAD	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	VPD	☐ DELETE
NAME	WOODS, JAYNE ANN	
STREET ADDRESS	631 SECOND AVENUE, SOUTH	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VPD	☐ DELETE
NAME	WOODS, GRAYSON N	
STREET ADDRESS	701 WEST LOCUST ST. APT 32	
CITY-ST-ZIP	JOHNSON CITY TN	

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	Executive Vice President	☐ Change ☒ Addition
3.2 NAME	Steven L. Mundable	
3.3 STREET ADDRESS	2713 Knollwood Trail	
3.4 CITY-ST-ZIP	Bustis, Fla 32726	
4.1 TITLE	VPD	☐ Change ☒ Addition
4.2 NAME	Ashley A. Woods	
4.3 STREET ADDRESS	Edgewater Blvd 1807	
4.4 CITY-ST-ZIP	College Park, Florida	
5.1 TITLE	Secretary + Asst Treasurer	☐ Change ☒ Addition
5.2 NAME	Vivian L. Hamilton	
5.3 STREET ADDRESS	631 2nd Avenue South,	
5.4 CITY-ST-ZIP	Nashville, TN 37210	
6.1 TITLE	Treasurer + Ass't Sec	☐ Change ☒ Addition
6.2 NAME	Teresa Wells	
6.3 STREET ADDRESS	15951 McGregor Blvd Suite 2D	
6.4 CITY-ST-ZIP	Ft Myers, Fla 33908	

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)(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 any address.

SIGNATURE: [signature] — 2-3-96 — (615) 259-4607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)