

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90012 030 \*\*\*150.00

DOCUMENT # **P95000070945**

1. Corporation Name  
**YORK MEDIA GROUP, INC.**

Principal Place of Business

**111 SW 3RD STREET  
GAINESVILLE FL 32601  
US**

Mailing Address

**111 SW 3RD STREET  
GAINESVILLE FL 32601  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/14/1995**

2. Principal Place of Business

**21 14 E. University Ave**

2a. Mailing Address

**26 14 E. University Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 209**

**27 Suite 209**

City & State

City & State

**23 Gainesville FL**

**28 Gainesville, FL**

Zip

Country

Zip

Country

**24 32601**

**25 USA**

**29 32601**

**30 USA**

9. Name and Address of Current Registered Agent

**YORK, BART  
111 SW 3RD STREET  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

**81 Name 14 E. UNIVERSITY AVE. # 14**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**GAINESVILLE FL 32601**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>HOPPEN, MARK</b>         |                                 |
| STREET ADDRESS | <b>107 NE 9TH ST</b>        |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>       |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>YORK, BART</b>           |                                 |
| STREET ADDRESS | <b>309 N.E. 1ST STREET</b>  |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32601</b> |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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:

**Bart York**

**BART YORK**

**9/14/99**

**352.371.4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P450000110445  
617446-90012-30

# Best Deals

14 East University Avenue, Suite 209, Gainesville, FL 32601

Bart York, Publisher  
352 371-4500  
352 374-4788 FAX

I am filing this annual report with a check for the correct amount of \$150<sup>00</sup>. We did not receive a copy of the annual report in May. We are at a new address this year. I rec. a forwarded copy of the report w/ penalty at \$550. Wow!! Enclosed is change of address info and the \$150 fee that is owed.

Thanks,

Bart York