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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 07 1997 8:00am

Secretary of State

(96/6)

CR2E034

813 259 9571

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025776 (1)

NEW LIGHT PUBLISHING, INC.

Principal Place of Business Mailing Address 2413 BAYSHORE BLVD. P.O. BOX 797 TAMPA FL 33601-0797 SUITE 201 TAMPA FL 33629 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-336672 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation has liability for integrible tax under s. 199.032, 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STERNS, RANDY K 220 SOUTH FRANKLIN STREET Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** R1 84 City 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THLE DELETE Change Addition 1.1 TITLE RESIDENT NAME 1.2 NAME BAYSHORE BIVD # 201 STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 T/TLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET AODRESS 5 3 STREET ADDRESS CITY -ST - ZIP 54 CITY-ST-ZIP TiTLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-7/P 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 path; 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

13 if changed or on an attachment with an address

RICHARDIT BEACH SIGNATURE: