

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 31 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000050783 (5)**

1. Corporation Name  
**THE VILLAGER VOICE, INC.**



Principal Place of Business  
**6711 S.W. 5TH STREET  
PEMBROKE PINES FL 33023**

Mailing Address  
**6711 S.W. 5TH STREET  
PEMBROKE PINES FL 33023-1200**

2. Principal Place of Business		2a. Mailing Address	
21. State, Aco. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
24. Zip	25. Country	28. Zip	30. Country
SAME		SAME	
USA		USA	

3. Date Incorporated or Qualified <b>06/14/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0694255</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BROWN, DEBORAH  
6711 S.W. 5TH STREET  
PEMBROKE PINES FL 33023**

10. Name and Address of New Registered Agent

81. Name	SAME
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: *Deborah Brown* **DEBORAH BROWN** **3-26-97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BROWN, DEBORAH</b>	1.2 NAME	<b>P DEBORAH BROWN</b>
STREET ADDRESS	<b>6711 S.W. 5TH STREET</b>	1.3 STREET ADDRESS	<b>6711 SW 5 ST.</b>
CITY, ST, ZIP	<b>PEMBROKE PINES FL 33023</b>	1.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33023</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WHITNEY, SCOTT</b>	2.2 NAME	<b>S/T SCOTT WHITNEY</b>
STREET ADDRESS	<b>6607 S.W. 2ND COURT</b>	2.3 STREET ADDRESS	<b>6607 SW 2 CT.</b>
CITY, ST, ZIP	<b>PEMBROKE PINES FL 33023</b>	2.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33023</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>V BEVERLEY HILTON</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6770 SW 9 ST.</b>
CITY, ST, ZIP		3.4 CITY-ST-ZIP	<b>Pembroke PINES, FL 33023</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D RICHARD HILTON</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>6770 SW 9 ST.</b>
CITY, ST, ZIP		4.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33023</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D JAMES Brown</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>6711 SW 5 St.</b>
CITY, ST, ZIP		5.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33023</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Deborah Brown* **DEBORAH BROWN** **3-26-97** **954-963-1619**  
DATE DAYTIME PHONE #

CR2E034 (9/96)