

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90079 038 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # P96000050783
 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 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified 06/14/1996 | Applied For Not Applicable |
| 4. FEI Number 65-0694255 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <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
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | PIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, DEBORAH | 1.2 NAME | |
| STREET ADDRESS | 6711 S.W. 5TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITNEY, SCOTT | 2.2 NAME | |
| STREET ADDRESS | 6607 S.W. 2ND COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 2.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILTON, BEVERLY | 3.2 NAME | |
| STREET ADDRESS | 6770 SW 9 ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILTON, RICHARD | 4.2 NAME | |
| STREET ADDRESS | 6770 SW 9 ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, JAMES | 5.2 NAME | |
| STREET ADDRESS | 6711 SW 5 ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 5.4 CITY-ST-ZIP | |
| 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 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: Deborah Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99 954-961-5716
 Date Daytime Phone #

CR2E034 (1/1/98)