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

PROFIT CORPORATION annual report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000076634 (0)**

FLORIDA SUN-TIMES, INC.

Suite, Apt. #, etc.

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Principal Place of Business Mailing Address 1200 N.W. 87TH AVE 1200 N.W. 87TH AVE SUITE 409 SUITE 409 CORAL SPRINGS FL 33071-7174 CORAL SPRINGS FL 33071 3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 21

Suite, Apt. #, etc.

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City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 24 Florida Statutes 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CROCKER, DAVID 1200 N.W. 87TH AVE 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 409 83 **CORAL SPRINGS FL 33071** Zip Code 85

11. Fursuant 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.

Superdise, typed or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition THE CROCKER, DAVID 12 NAME MAME 1200 NW 87 AVE, STE 409 1.3 STREET ADDRESS STREET ADORESS **CORAL SPRINGS FL 33071** 14 CITY-ST-ZIP CITY - 51 - 20 Change DELETE 21 TITLE Addition THE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City-St-ZiP City-ST ZIF DELETE Change 31 TITLE Addition TITLE 32 NAME NAME STREET ADORESS 33 STREET ADDRESS 34. City-St-ZIP CITY ST 26: DELETE Change Addition THLE 41 TITLE 4 2 NAME NAME **4.3 STREET ADDRESS** STREET ALIORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE Change ☐ Addition 1000 NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADORESS 5.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 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 legat 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 char

FILED

Apr 30 1997 8:00am

Secretary of State

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Fee Required

Not Applicable