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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000081363 (9)**

1. Corporation Name
NEIGHBORHOOD NEWS PUBLISHERS, INCORPORATED

Principal Place of Business	Mailing Address
~~9602 N.W. 36 MANOR~~	~~9602 N.W. 36 MANOR~~
~~CORAL SPRINGS FL 33065~~	~~CORAL SPRINGS FL 33065-2868~~

3. Date Incorporated or Qualified: 09/30/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 9381 W. SAMPLE RD #203
Suite, Apt. #, etc
22 CORAL SPRINGS, FL
City & State
23 33065
Zip / Country
24 / 25 BROWARD

2a. Mailing Address
26 9381 W. SAMPLE RD. #203
Suite, Apt. #, etc
27 CORAL SPRINGS, FL
City & State
28 33065
Zip / Country
29 / 30 BROWARD

4. FEI Number: 65-0713271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ABBONDANZIO, TRULEE~~
~~9602 N.W. 36 MANOR~~
~~CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent

81 Name: ABBONDANZIO, PAT
82 Street Address (P.O. Box Number is Not Acceptable): 9381 W. SAMPLE RD. #203
83 CORAL SPRINGS, FLA 33065
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: Pat Abbondanzio PAT ABBONDANZIO 3-17-97
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: P/D 1.2 NAME: ABBONDANZIO, TRULEE 1.3 STREET ADDRESS: 9381 W. SAMPLE RD. #203 1.4 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: S/T/D 2.2 NAME: ABBONDANZIO, PAT 2.3 STREET ADDRESS: 9381 W. SAMPLE RD. #203 2.4 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Pat Abbondanzio PAT ABBONDANZIO 3/17/97 (954) 748-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0149395