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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000097897 (8)

MEDNEWS CORPORATION

Principal Place	o of Business	Mailing Addre	ess				*** 88418 18171 12881 1811	2 15-11 15E1 15E1
5850 LAKEHU	JRST DRIVE		NURST DRIVE					
#150-7	99010.0907	#150-7	EL 20010 0007			DO NOT WRITE	IN THIS SPACE	
ORLANDO FL 32819-9387 US		US US	ORLANDO FL 32819-9387			3. Date Incorporated or Qualified		
••		•••				12/04/1996		
2. Principal Pl	ace of Business	2a. Mailing Ad	ddress			4. FEI Number		Applied For
21		26				65-07 148 19	├	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	#, etc.				¢0.7	5 Additional
2		27				5. Certificate of Status Desired	1 1 7	Required
City & State)	City & Sta	le			6. Election Campaign Financing	\$5.0	0 May Be
3		28				Trust Fund Contribution		ed to Fees
Zip	Country	7 ip		Country		8. This corporation owes or has pai	d the current year	Intangible
4	25	29		30		Personal Property Tax due June		☐ No
	9, Name and Address of C	urrent Registered Ager	nt			10. Name and Address of New Reg	sistered Agent	
PD	VTO. EDEGAR A			81	Name			
	50 LAKEHURST DR. #100				01	(200	1-1	
	RLANDO FL 32819			82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)	
Or.	ACMINO IL DEGIO			83				
				1001				
					City		85 Z	ip Code
44 D.:		7 2/ 02	Circle Circle	84			FL	·
office or re	egistored agent, or both, in the	State of Florida, Such ch	hange was au	s, the above-ruthorized by the	named corr	poration submits this statement for the p	urpose of changing	g its registered
office or re		State of Florida, Such ch	hange was au	s, the above-ruthorized by the	named corr		urpose of changing	g its registered
office or re agent. I ar SIGNATURE	egistored agent, or both, in the m familiar with, and accept the	State of Florida. Such of obligations of, Section 6	hange was at 607.0505, Flor	s. the above-ruthorized by trida Statutes.	named corp he corporal	tion's board of directors. I hereby accep	urpose of changing the appointment	g its registered
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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 of the receiver or trustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or in an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

Change

Change

Addition

Addition

FILED

Apr 24 1998 8:00am

Secretary of State