PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006316

1. Corporation Name

THE PHOENIX PUBLISHING GROUP INC.

Principal Flace of Business

Mailing Address

540 CARILLON PARKWAY #3065

540 CARILLON PARKWAY #3065

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90137 038 ***158.75



ST PETERSBURG FL 33716		ST PETERSBURG FL 33716		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 01/16/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	olied For
			nocial Hwy		59-2342261		No	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		1			\overline{A}	\$8.75 △	dditional	
22 Suite 213 27 Suite		27 Suite al	B		5. Certift ate of Status Desired	×	Fee Re	quired
City & State City & State					6. Electic n Campaign Financing	П	\$5.00	vlay Be
23 7 AmpA, F/		28 Ampa Fl		Trust Fund Contribution		Added to	Fees	
Zip 33/2/ Country		Zip Country 29 336/5 30 USA			8. This corporation owes the curr	ent year Int		J
24 336/S 25 USA 29 336/S			10 U		Personal Property Tax.	Pagistory d	Yes	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							Agent	
FLEMM, WILLIAM S				7	LEMM, Willi	m _	د	
540 CARILLON PARKWAY #3065				Street Addre	ess (B.O. Bo) Number is Not Accept CARILLON PARA	able)	420	F 2
ST PETERSBURG FL 33716				340	CARITION PARA	-WAJ	4500	
	ETETIODOTTO TE GOT TO		8:	STA	PETERSBURG, FI	<i>3</i> 3:	116	
			84	City			85 Zip C	ode
TL								
11. Pursuant to the provisions of Sc ctions 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 cirectors. I hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutés.								
SIGNATURE Signature typed or printed halbe of registered agent and title if applicable. (NOTI): Registered Agent signature required when reinstating) DATE								
12.	Signature, typed or printed na ne of registered agent OFFICERS ANE		13.	ant signature required	ADDITICINS/CHANGES TO OF		ID DIRECTOR	5 S IN 12
TITLE	D SFRIGERS AND	DELETE	1.1 TITLE		ADDITIONS OF AN OLD TO GE	TIOCITO 7	Change	Addition
NAME	WILLIAM S. FLEMM,		1.2 NAME					
STREET ADDRESS 540 CARILLON PARKWAY #3065			8	ET ADDRESS				ļ
CITY-ST-ZIP	OT PETEROPURO EL ODZAO			ST-ZIP				
TITLE	01127211000110112 00110	☐ DELETE	2.1 TITLE	51-211			Change	Addition
NAME				ļ				}
STREET ADDRESS			2.2 NAME	ET ADDRESS				\
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CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRES 3			4.3 STRE	ET ADDRESS				\
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5 2 NAME	1				-
STREET ADDRES			5.3 STRE	T ADDRESS				
CITY-ST-ZIP			54 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			62 NAME	1				
STREET ADDRESS			6.3 STRE	ET ADDRESS				ļ
			CA CITY	CT 710				

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(:i)(i), Florida Statutes. I further ce tify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)