PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088035

1. Corporation Name

STREET ADDRESS

SUBSTATION & NEWS, INC.

Principal Place of Business Mailing Address				[I TOUT BOLFI BUILL BOILL DAF	81 (819) (811) 85168 (
3812 US 301 N.		3812 US 301 N.					
ELLENTON FL 34222		ELLENTON FL 34222		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated		3 SPACE	
				10/09/1997	Ji Qualifed		
2 Principal P	ace of Business	2a, Mailing Address	.,,	4, FEI Nu πber		App	ied For
21 Philiopai Ph	ace of business	26		65-0786486		Not	Applicable
Suite, Aut.	#, etc.	Suite, Apt. #, etc.			Desired	\$8.75 Ac	ditional
22		27		5. Certificate of Status	Oesiled -	Fee Req	uired
City & State		City & State	City & State		Financing	\$5. 00 A	
23		28		Trust F and Contrib		Added to	Fees
Zip	Coun ry	Zip	Country	8. This corporation ov	-	⊓tangible □Yes Î	No
24	25	29 3	0	Personal Property 10. Name and Addres			, 110
C: 5 4	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address	\$ -74	2/~	
CONDIS, GEORGE				CON/101	36600	66	
5030 45TH ST.			82 Street A	ddress (P.O. Box Number is	Hot acceptable	$-\omega$	İ
W. BRADENTON FL 34210			83		<u>, ,,, </u>		
				4)		or Zin C	
			84 City	JRAD GNJ	~~√ F	L 1° 134	プロフ
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 negistered office or registered agent, or both, in the State or Florida. Such change was a uthorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	la Statutes.				ł
SIGNATURE		ANOTE	egistered Agent signature re	au rad when rainstating)	DATE		·— \
12.	Signature, typed or printed nar re of registered age	NE DIRECTORS	13.		SES TO OFFICERS	ND DIRECTOR	S IN 12
TITLE	0	☐ DELETE	1,1 TITLE			Change	Addition
NAME	CONIDIS, GEORGE		1.2 NAME			, ,	
STREET ADDRESS	5030 45TH STREET WEST		1.3 STREET ADDRESS	2517,46	THAVE GON FL.S	N N	,
CITY-ST-ZIP	BRADENTON FL 34210		14 CITY-ST-ZIP	BRADEM	ON 123	4201	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	GIANAKOS, MARGO		2.2 NAME)
STREET ADDRESS	1783 N. RD., NE		2 3 STREET ADDRESS				
CITY-ST-ZIP	WARREN OH 44483		2 4 CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE:	3.4. CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE			- Guange	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY- ST-ZIP 5.1 TITLE			Change	Addition
TITLE			5.1 NAME			_ ,	_
NAME			53 STREET ADDRESS				ļ
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			62 NAME				_
I WANTE	1		= :				I

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 contribute that the information indicated on this annual report of 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 charged, or on an attachment with an address, with a lother like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90221 001 ***150.00