Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90030 012 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000002198

1. Corporation Name

OVIEDO NEWSPAPERS, INC.

••••											
Principal Place	e of Business	Mailing Address					[		18111 <b>28</b> 111 <b>28</b> 11	39170    UD  (1818	18781 1917 1981
169 W BROADWAY ST 169 W BROADWAY ST											
OVIEDO FL 32765 OVIEDO FL 32765							DO NOT WRITE IN THIS SPACE				
							3. Date Incorpora	ted or Qualifed	<u>,                                    </u>		
							01/07/1998				
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Ni mber	10 -0	\^	Ар	lied For
21		26	26				<u> 59 31</u>	<u> 1858</u>	19		<u>Applicable</u>
Suite, Act.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of St	atus Desired		\$8.75 A	
22		27								Fee Re	·
City & State	e	City & State					6. Election Campa	-		<b>\$5.00</b> Added to	
23		28		ntnı			Trust Fund Cor				rees
Zip	Country	Zip	Cou	ıı ıtı y			<ol><li>This corporation Personal Properties</li></ol>		rrent year ir	ntangible □ Yes	□No
24	9. Name and Address of Curre	n Pogistored Agent	30				0. Name and Ad		Registere		
	5. Name and Address of Curre	III Izedistelen wäelit		81	Name		or remound and re-				-
COM	ABS, STEPHEN M E.A.										
169 W BROADWAY ST				82	Street	Address	(P.O. Bo: Numbe	r is Not Accep	table)		
OVIEDO FL 32765											
				83							
				84	City				F	<b>85</b>   Zip (	.ode
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and a cept the oblig	of Florida. Such change was	s authorized	עס נ	tne corpo	d corporation's	tion submits this st board of directors	atement for the . I hereby acce	e purpose o ept the appo	of changing its pintment as reg	egistered istered
SIGNATUFIE	Signature, typed or printed ni me of registered ag-	en and title if applicable. (NO	01 E: Registered	l Agen	t signature i	req iired wh			DATE		
12.		NI) DIRECTORS	13.				ADDITI ONS/CH	ANGES TO O	FFICERS A		
TITLE	D	☐ DELETE	1	1.1 TITLE						Change	☐ Addition
NAME	<del>COMBS, STEPHE</del> N M			1.2 NAME							
STREET ADDRI SS PO-BOX 2268 N/A			1.3 \$1	1.3 STREET ADDRESS							
CITY-ST-ZIP	-WINTER PARK FL 32790			1.4 CITY-ST-ZIP		<u> </u>				ズ Change	Addition
TITLE	D	☐ DELETE		2.1 TITLE		PRE	SIDENT,	DIKE	CTOK	M change	
NAME	NOLES, JAMES C SR.			2.2 NAME							
STREET ADDRESS				2.3 STREET ADDRESS		3					
CiTY-ST-ZIP	GENEVA FL 32732			2.4 CITY-ST-ZIP		<del> </del>				Change	Addition
TITLE		☐ DELETE	3 1 TI							□ Onlange	
NAME			3.2 N								
STREET ADDRESS			1		T ADDRESS	·					
CITY-ST-ZIP		☐ DELETE			ST-ZIP	+				Change	Addition
TITLE		☐ NETE1E	4.1 TI			1					
NAME			4.2 N		T 40000000	.					
STREET ADDRESS					TADDRESS	]					
CITY OF 7ID	1		■ 44C	TY_S	1.730	1					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 /(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and an 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 trusteetempowered 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 attactment with an oddress, with all other like empowered.

5.1 TITLE

52 NAME

61 TITLE

62 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF MIRECTOR

☐ DELETE

□ DELETE

☐ Change

Change

Addition

☐ Addition