

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090488

1. Entity Name

NEWS CONNECTION USA, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90064 035 ***150.00

Principal Place of Business	Mailing Address
220 WEST BRANDON BLVD STE 100 210 BRANDON FL 33511	220 WEST BRANDON BLVD STE 100 210 BRANDON FL 33511-5100

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3600235	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECK, KATHLEEN J 220 WEST BRANDON BLVD STE 100 210 BRANDON FL 33511	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President and CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen J. Beck	NAME	
STREET ADDRESS	220 West Brandon Blvd., Ste 210	STREET ADDRESS	
CITY-ST-ZIP	Brandon, Florida 33511	CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vivian L. Hamilton	NAME	
STREET ADDRESS	631 Second Avenue, South	STREET ADDRESS	
CITY-ST-ZIP	Nashville, Tennessee 37210	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Paul Cowell	NAME	
STREET ADDRESS	1200 Paint Rock Road	STREET ADDRESS	
CITY-ST-ZIP	Nashville, Tennessee 37763	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank A. Woods	NAME	
STREET ADDRESS	631 Second Avenue, South	STREET ADDRESS	
CITY-ST-ZIP	Nashville, Tennessee 37210	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vivian L. Hamilton Secretary 3-20-99 259-4607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Vivian L. Hamilton, Secretary