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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #S17629

1. Corporation Name

THE POST MEDIA GROUP INC

Principal Place of Business / Mailing Address

C/O FISCHER INTERNATIONAL SYSTEMS
4073 MERCANTILE AVE
NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/06/90

4. FEI Number: 65-0231907 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 C/O FISCHER INT'L SYSTEMS
Suite, Apt. #, etc.: 22 3506 MERCANTILE AVE
City & State: 23 NAPLES FL
Zip: 24 34104 Country: 25 USA

2a. Mailing Address
26 C/O FISCHER INT'L SYSTEMS
Suite, Apt. #, etc.: 27 3506 MERCANTILE AVE
City & State: 28 NAPLES FL
Zip: 29 34104 Country: 30 USA

9. Name and Address of Current Registered Agent

ASHLEY, N. REX
1044 CASTELLO DR SUITE 106
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ADDISON M FISCHER		1.2 NAME		
STREET ADDRESS	4073 MERCANTILE AVE		1.3 STREET ADDRESS	3506 MERCANTILE AVE	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	34104	
TITLE	DS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	N. REX ASHLEY		2.2 NAME		
STREET ADDRESS	1044 CASTELLO DR #106		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	34103	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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: Sec N Rex Ashley 4/28/99 941 261 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)