2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

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1. Entity Name

FLORIDA COMMUNITY PAPERS ADVERTISING



NETWORK, INC. 40001000 Principal Place of Business Mailing Address 13405 SE HWY. 484 P.O. BOX 1149 BELLEVIEW, FL 34420 SUMMERFIELD, FL 34492-1149 US HS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3110612 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEUHARTH, DAVID J MR Street Address (P.O. Box Number is Not Acceptable) 12601 SE 53RD TERRACE ROAD BELLEVIEW, FL 34420 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE AUTREY, DAN NAME NAME 9911 SEMINOLE BLVD. STREET ADDRESS STREET ADDRESS SEMINOLE, FL 33772 CITY-S1-ZIP CITY-ST-ZIP ☐ Channe TITLE ☐ Delete TITLE ☐ Addition FLOYD, CARLA ROCKWELL NAME NAME STREET ADDRESS 505 WEST ROBERTSON STREET ADDRESS CHY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP ☐ Change Addition ☐ Delete DILE TITLE HILLIER, RHONDA NAME NAME 2905 E. BUS 98 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32401 ☐ Change Addition HILE ☐ Delete TITLE BLAIS, STEVE NAME NAME 245 S WOODLAND BLVD STREET ADDRESS STREET ADDRESS DELAND, FL 32720 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete THLE **GUZMAN, CARLOS** NAME NAME 11900 SW 128 STREET STREET ADDRESS STREET ADDRESS CUY-S1-ZIP CITY-ST-ZIP MIAM, FL 33186 ☐ Delete TITLE Change Addition TITLE DELATORRE, CHARLES NAME NAME STREET AUDRESS STREET ADDRESS 2251 NW 41ST ST # B CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32606

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 affect 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WE OF SIGNING OFFICER OR DIRECTOR