FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **854470** **(2)**

1. Corporation Name
INDEPENDENT NEWSPAPERS, INC.

Principal Place of Business	Mailing Address
554 GARTON ROAD P.O. BOX 7001 DOVER DE 19903	554 GARTON ROAD P.O. BOX 7001 DOVER DE 19903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/25/1982**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: **51-0072172** ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☐ Addition Correction
NAME	BRITHINGHAM, TAMRA	12 NAME	Brithingham Tamra
STREET ADDRESS	NEW BURTON ROAD/WEBBS LANE	13 STREET ADDRESS	New Burton Rd / Webbs Lane
CITY-ST-ZIP	DOVER DE	14 CITY-ST-ZIP	Dover DE 19901
TITLE	~~TPD~~	21 TITLE	CEO ☐ Change ☒ Addition
NAME	~~ROALES, JUDITH~~	22 NAME	Joel Smyth
STREET ADDRESS	~~554 GARTON RD.~~ Delete	23 STREET ADDRESS	33811 N. 70th Way
CITY-ST-ZIP	~~DOVER DE~~	24 CITY-ST-ZIP	Scottsdale AZ 85262-7009
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	HITT, RICHARD	32 NAME	
STREET ADDRESS	3109 OLD SR 8	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	STEVENS, RON	42 NAME	
STREET ADDRESS	554 GARTON RD.	43 STREET ADDRESS	
CITY-ST-ZIP	DOVER DE	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	DULIN, ED	52 NAME	
STREET ADDRESS	11000 N SCOTTSDALE #210	53 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	54 CITY-ST-ZIP	
TITLE	TCFO	61 TITLE	☐ Change ☐ Addition
NAME	ENGEL, CHRIS	62 NAME	
STREET ADDRESS	554 GARTON ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	DOVER DE	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ronald H. Stevens RONALD H. STEVENS 3/30/95 302-674-4750
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0474570 FP