FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jan 30, 1996 08:00 AM
Secretary of State

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

3. Date Incorporated or Qualified: **10/25/1982**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 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 607.1608, 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 _____ (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	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BRITHINGHAM, TAMRA		1.2 NAME	BRITTINGHAM, TAMRA	
STREET ADDRESS	NEW BURTON ROAD/WEBBS LANE		1.3 STREET ADDRESS	NEW BURTON ROAD/WEBBS LANE	
CITY-ST-ZIP	DOVER DE		1.4 CITY-ST-ZIP	DOVER DE 19901	
TITLE	CEO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMYTH, JOEL		2.2 NAME		
STREET ADDRESS	33811 N 70 WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HITT, RICHARD		3.2 NAME		
STREET ADDRESS	3109 OLD SR 8		3.3 STREET ADDRESS	107 SW 17th Street	
CITY-ST-ZIP	LAKE PLACID FL		3.4 CITY-ST-ZIP	Okeechobee FL 34973	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, RON		4.2 NAME		
STREET ADDRESS	554 GARTON RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER DE		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DULIN, ED		5.2 NAME		
STREET ADDRESS	11000 N SCOTTSDALE #210		5.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ		5.4 CITY-ST-ZIP		
TITLE	TCFO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ENGEL, CHRIS		6.2 NAME		
STREET ADDRESS	554 GARTON ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER DE		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 1/17/96 800-426-4192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #