FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

054539

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Jun 24, 1999 8:00 am
Secretary of State
06-24-1999 90004 017 ***550.00

DOCUMENT # **854470**

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 Qualifed: 10/25/1982

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. 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

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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRITTINGHAM, TAMRA		1.2 NAME		
STREET ADDRESS	NEW BURTON ROAD/WEBBS LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER DE		1.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	2.1 TITLE	CEO	☒ Change ☐ Addition
NAME	SMYTH, JOEL		2.2 NAME	SMYTH, JOEL	
STREET ADDRESS	33811 N 70 WAY		2.3 STREET ADDRESS	39833 N.100TH STREET	
CITY-ST-ZIP	SCOTTSDALE AZ		2.4 CITY-ST-ZIP	SCOTTSDALE, AZ	
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HITT, RICHARD		3.2 NAME		
STREET ADDRESS	3109 OLD SR 8		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		3.4 CITY-ST-ZIP		
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		

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: Ronald H. Stevens RONALD H. STEVENS 4/16/99 302/674-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)