2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State
03-29-2000 90042 001 ***150.00

DOCUMENT # 854470

1. Entity 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 19903-1501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRITTINGHAM, TAMRA		NAME		
STREET ADDRESS	NEW BURTON ROAD/WEBBS LANE		STREET ADDRESS		
CITY-ST-ZIP	DOVER DE		CITY-ST-ZIP		
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMYTH, JOEL		NAME		
STREET ADDRESS	39833 N 100TH ST		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ		CITY-ST-ZIP		
TITLE	P	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	HITT, RICHARD		NAME		
STREET ADDRESS	3109 OLD SR 8		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEVENS, RON		NAME		
STREET ADDRESS	554 GARTON RD.		STREET ADDRESS		
CITY-ST-ZIP	DOVER DE		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DULIN, ED		NAME		
STREET ADDRESS	11000 N SCOTTSDALE #210		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ		CITY-ST-ZIP		
TITLE	TCFO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ENGEL, CHRIS		NAME		
STREET ADDRESS	554 GARTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	DOVER DE		CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald H. Stevens RONALD H. STEVENS 3/13/00 800-426-4192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #