

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 020 ***150.00

DOCUMENT # 854470

1. Entity Name

Independent Newspapers, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

554 Garton Road

Suite, Apt. #, etc.

P.O. Box 7001

City & State

Dover, DE

Zip

19903

Country

U.S.A.

3. Mailing Address

554 Garton Road

Suite, Apt. #, etc.

P.O. Box 7001

City & State

Dover, DE

Zip

19903

Country

U.S.A.

4. FEI Number

52-0072172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME Brittingham, Tamra
STREET ADDRESS New Burton Road/Webbs Lane
CITY-ST-ZIP Dover, DE

TITLE CEO
NAME Smyth, Joel
STREET ADDRESS 39833 N 100th St
CITY-ST-ZIP Scottsdale, AZ

TITLE S
NAME Ford-Waring, Wanda
STREET ADDRESS 554 Garton Road
CITY-ST-ZIP Dover, DE

TITLE P
NAME Dulin, Ed
STREET ADDRESS 11000 N Scottsdale #210
CITY-ST-ZIP Scottsdale, AZ

TITLE D
NAME Engel, Chris
STREET ADDRESS 554 Garton Road
CITY-ST-ZIP Dover, DE

TITLE VP
NAME Teal, Margaret
STREET ADDRESS 554 Garton Road
CITY-ST-ZIP Dover, DE

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Teal Margaret Teal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/02 302674-3600

Date

Daytime Phone #

CR2E034B (12/01)