2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000348271
05/02/05-80019-004 150.00

10. 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 RD.
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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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-27-05 850-426-4152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #