

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90023 013 ***558.75

DOCUMENT # 854470

1. Entity Name
INDEPENDENT NEWSPAPERS, INC.



Principal Place of Business Mailing Address
110 Galaxy Drive 110 Galaxy Drive
P.O. Box 7001 P.O. Box 7001
Dover, DE 19903 Dover, DE 19903

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07052006 Chg-P CR2E034 (11/05)

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

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



30042038

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BRITTINGHAM, TAMRA**
CITY-ST-ZIP **NEW BURTON ROAD WEBBS LANE**
DOVER, DE

TITLE ☐ Delete
NAME **CEO**
STREET ADDRESS **SMYTH, JOEL**
CITY-ST-ZIP **39833 N 100TH ST**
SCOTTSDALE, AZ

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FORD-WARING, WANDA**
CITY-ST-ZIP **554 GARTON RD.**
DOVER, DE

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DULIN, ED**
CITY-ST-ZIP **11000 N SCOTTSDALE #210**
SCOTTSDALE, AZ

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ENGEL, CHRIS**
CITY-ST-ZIP **554 GARTON ROAD**
DOVER, DE

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **TEAL, MARGARET**
CITY-ST-ZIP **554 GARTON ROAD**
DOVER, DE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **110 Galaxy Drive**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **110 Galaxy Drive**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **110 Galaxy Drive**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **110 Galaxy Drive**
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-06