

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

APPROVED
 5/19/99 2:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 854865 (3)
 1. Corporation Name
THE NEW YORK TIMES COMPANY

Principal Place of Business
**229 W. 43RD ST.
 NEW YORK, NY 10036**

Mailing Address
**c/o LEGAL DEPT.
 229 W. 43D STREET
 NEW YORK, NY 10036
 USA**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/03/1982**

4. FEI Number **13-1102020** Applied For Not Applicable

5. Certificate 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 City
 85 Zip Code **FL**

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 607.0506, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (DATE) _____

12. OFFICERS AND DIRECTORS

TITLE	CD	[] DELETE
NAME	SULZBERGER, ARTHUR O. JR.	
STREET ADDRESS	229 WEST 43 RD ST.	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	S	[] DELETE
NAME	CORWIN, LAURA J.	
STREET ADDRESS	229 W. 43 RD ST.	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	T	[] DELETE
NAME	ELLEN TAUS	
STREET ADDRESS	229 WEST 43 RD STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DP	[] DELETE
NAME	LEWIS, RUSSELL T.	
STREET ADDRESS	229 W. 43 RD ST.	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	V	[] DELETE
NAME	O'BRIEN, JOHN	
STREET ADDRESS	229 W 43 RD STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	V D	[] DELETE
NAME	GOLDEN, MICHAEL	
STREET ADDRESS	229 W. 43 RD STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME *AS PHOENIA BRUNY*

13 STREET ADDRESS *229 W. 43RD ST.*

14 CITY-ST-ZIP *NEW YORK, NY 10036*

21 TITLE [] Change [] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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11-11-99

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: *Michael Golden*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/99 7127
 212-556 4097
 Digit. Block #

CR2E034 (11/98)