## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F97000006850 DOCUMENT #

SIGNATURE:

HEARST COMMUNICATIONS, INC.



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90450 039 \*\*\*150.00

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Suita April # ord   Suit	959 EIGHTH AVE			C/O 227 \ Chaf	C/O CORPORATE TAX DEPT 227 W TRADE ST CHARLOTTE NC 28202								
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City & State   Charlotte, North Carolina   4. FEI Number 13-3920660   Applied For Internal Total Part   Applied For Internal Part   Applied	Suite, Apt.	#, etc.								CHECK HERE	IF MAKING	CHANGES	
Country   ZB2D   Country   ZB2D   Country   ZB2D   Country   SB.75 Additional Fee Required   F	City & State	e						<del>-</del>	4. FEI	Number 40-2000000	· ·	Ap	plied For
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SUJH PINE ISLAND ROAD PLANTATION FL 3324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent. Or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar width, and accept the colligations of registered agent.  INSTITUTE TILE THE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After Agent Agents  ITILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After Agent Agents  ITILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After Agent				Cha	Charlotte, North Carolina					13-3920000		No	t Applicable
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THACKERAY, JONATHAN E  SIMET ADDRESS  THACKERAY, JONATHAN E  SIMET ADDRESS  SIMET ADDRESS  SIMET ADDRESS  CITY-S1-2P  NEW YORK NY 10019  THE  NAME  SIMET ADDRESS  CITY-S1-2P  President and Director  SI Change Addition  NAME  VICTOR F. Ganzi  SIMET ADDRESS  SIMET ADDRESS  SIMET ADDRESS  SIMET ADDRESS  SIMET ADDRESS  CITY-S1-2P		6. Name	and Address of Current	Register	ed Agent				7. Nar	ne and Address of New F	legistered A	\gent	
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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

Dionysios Psyhogios Assistant Treasurer:

/2003

4/

Date

(704) 348-8531

Daytime Phone #

attachment



# 597000006850

Dionysios Psyhogios Assistant Treasurer and Director of Taxation Hearst Tower
214 North Tryon Street
Charlotte NC 28202
Telephone 704 348 8531
Fax 704 376 2076
Internet dpsyhogios@hearstsc.com.

11001861

April 16, 2003

## VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED 7194 1338 0890 0001 7533

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Reference: HEARST COMMUNICATIONS, INC.

2003 Florida For Profit Corporation – Uniform Business Report

Dear Sir or Madam:

Enclosed is the 2003 Florida For Profit Corporation – Uniform Business Report for Hearst Communications, Inc., along with our **check** in the amount of **\$150.00** in payment thereof.

Very truly yours,

DP/slc

Enclosure

Uniform Business Report

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