2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90219 024 ***150.00

DOCUMENT # F99000003800

1. Entity Name
TIMES NEWS GROUP, INC.

Principal Place of Business	Mailing Address
7950 JONES BRANCH DRIVE MCLEAN, VA 22107	7950 JONES BRANCH DRIVE MCLEAN, VA 22107

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 54-1591773 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOWARD, ELAINE		NAME		
STREET ADDRESS	6883 COMMERCIAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, VA 22159		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JOHN A		NAME		
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CHAPPLE, THOMAS L		NAME	Todd A. Mayman	
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MARTORE, GRACIA C		NAME	Michael A. Hart	
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	AT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BALDWIN, CHRISTOPHER W		NAME		
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCORKINDALE, DOUGLAS H		NAME		
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		

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: Todd Mayman Todd Mayman 4/22/04 (703)854-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #