


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # N98000001375	
1. Entity Name THE ROBERT K. SCRIPPS FAMILY FOUNDATION, INC.	

Principal Place of Business 1200 N FEDERAL HWY, STE 411 BOCA RATON, FL 33432	Mailing Address 384 WEST SHORE DR WYCKOFF, NJ 07481-2434
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01112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0824010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORBES, PHILIP H
 1200 N FEDERAL HWY, STE 411
 BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

000000807420
 02/07/08-80007-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SCRIPPS, ROBERT K 384 WEST SHORE DR WYCKOFF, NJ 074812434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCRIPPS, ELIZABETH H 384 WEST SHORE DR WYCKOFF, NJ 074812434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCRIPPS LAFLAMME, SUZANNE 6 CUESTA LN SANTA FE, NM 875058782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCRIPPS, CHRISTINA 384 WEST SHORE DR WYCKOFF, NJ 074812434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 617, 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: Robert Scripps Date: 1/13/08 Daytime Phone #: (201) 891-6594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR