2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001375

FILED Mar 08, 2009 Secretary of State

Entity Name: THE ROBERT K. SCRIPPS FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1200 N FEDERAL HWY, STE 411 11382 PROSPERITY FARMS RD BOCA RATON, FL 33432 PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

384 WEST SHORE DR WYCKOFF, NJ 074812434

FEI Number: 65-0824010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORBES, PHILIP H FORBES, PHILIP H 1200 N FEDERAL HWY, STE 411 11382 PROSPERITY FARMS RD

BOCA RATON, FL 33432 PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: 03/08/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD (X) Change () Addition () Delete SCRIPPS, ROBERT K SCRIPPS, ROBERT K ROBERT Name: Name: 384 WEST SHORE DR Address: 384 WEST SHORE DR Address: City-St-Zip: WYCKOFF, NJ 074812434 City-St-Zip: WYCKOFF, NJ 074812434 US

(X) Change () Addition Title: SD () Delete Title: SCRIPPS, ELIZABETH H Name: SCRIPPS, ELIZABETH H ROBERT Name: Address: 384 WEST SHORE DR Address: 384 WEST SHORE DR WYCKOFF, NJ 074812434 US City-St-Zip: WYCKOFF, NJ 074812434 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SCRIPPS LAFLAMME, SUZANNE R ROBERT SCRIPPS LAFLAMME, SUZANNE Name: Name:

100 PRINCIPE DE PAZ Address: 6 CUESTA LN Address: City-St-Zip: SANTA FE. NM 875058782 City-St-Zip: SANTA FE, NM 87508 US

Title: VD () Delete Title: (X) Change () Addition SCRIPPS, CHRISTINA Name: Name: SCRIPPS, CHRISTINA R ROBERT

Address: 384 WEST SHORE DR Address: 231 15TH STREET City-St-Zip: WYCKOFF, NJ 074812434 City-St-Zip: BROOKLYN, NY 11215 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. SCRIPPS PTD 03/08/2009