


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002482

1. Entity Name
THE CATHERINE SCRIPPS RODRIGUEZ FAMILY FOUNDATION, INC.



Principal Place of Business LINDA FRANCISOVICH, V.P. US TRUST COMP 114 W 47 STREET NEW YORK, NY 10036	Mailing Address LINDA FRANCISOVICH, V.P. US TRUST COMP 114 W 47 STREET NEW YORK, NY 10036
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03112004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0831285	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORBES, PHILIP H
 C/O BUTZEL LONG, SUITE 411
 1200 NORTH FEDERAL HIGHWAY
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

U00000153782
 05/04/04-80141-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCRIPPS RODRIGUEZ, CATHERINE C/O BUTZEL LONG, SUITE 411 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOUD, SAMANTHA C C/O BUTZEL LONG, SUITE 411 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUD, SHAWN M C/O BUTZEL LONG, SUITE 411 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, ISMAEL C/O BUTZEL LONG, SUITE 411 BOCA RATON, FL 33432
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 exemption stated in Section 119.07(3)(f), 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: Michelle Clow as agent Date: 4/30/04 Daytime Phone #: 212-852-1935