

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 119544 (5)

1. Corporation Name

TALLAHASSEE DEMOCRAT INC

Principal Place of Business

C/O J CARROL DADISMAN
277 NORTH MAGNOLIA DR
TALLAHASSEE FL 32301-2664

Mailing Address

C/O J CARROL DADISMAN
277 NORTH MAGNOLIA DR
TALLAHASSEE FL 32301-2664



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DADISMAN, J. CARROL
277 N MAGNOLIA
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

11. New Registered Agent Signature and title, if applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DUNLAP, DORIS S.	
STREET ADDRESS	277 N. MAGNOLIA DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMERNOFF, MICHAEL S.	
STREET ADDRESS	277 N MAGNOLIA DR	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DADISMAN, J. CARROL	
STREET ADDRESS	277 N MAGNOLIA DR	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, ROSS	
STREET ADDRESS	KRI ONE HERALD PLAZA	
CITY - ST - ZIP	MIAMI, FLORIDA 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NOTTAGE, SAMUEL	
STREET ADDRESS	277 N. MAGNOLIA DR.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, DOUGLAS C.	
STREET ADDRESS	KRI ONE HERALD PLAZA	
CITY - ST - ZIP	MIAMI, FLORIDA 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRANHAM, LORRAINE	
1.3 STREET ADDRESS	277 N. MAGNOLIA DRIVE	
1.4 CITY - ST - ZIP	TALLAHASSEE FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Samuel G. Nottage Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96
Date

904 599-2132
Daytime Phone #

CR2E034 (12/95)