

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 119544

FILED
Apr 26, 2005
Secretary of State

Entity Name: TALLAHASSEE DEMOCRAT INC

Current Principal Place of Business:

277 NORTH MAGNOLIA DR
TALLAHASSEE, FL 323012664

New Principal Place of Business:

Current Mailing Address:

277 NORTH MAGNOLIA DR
TALLAHASSEE, FL 323012664

New Mailing Address:

FEI Number: 59-0184700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MILLER, JOHN W
Address: 277 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL

Title: PP () Delete
Name: PATE, M M
Address: 277 N. MAGNOLIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SVPD () Delete
Name: EFFREN, GARY
Address: 50 WEST SAN FERNANDO STRUT
City-St-Zip: SAN JOSE, CA 95113

Title: T (X) Delete
Name: ADDISON, CLIFTON
Address: 277 N. MAGNOLIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MILLER, JOHN W
Address: 277 N MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL

Title: PP (X) Change () Addition
Name: PATE, J M
Address: 277 N. MAGNOLIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WINN MILLER

VP

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date