

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 111977

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC3623750760**

**Entity Name:** TIMES PUBLISHING COMPANY

**Current Principal Place of Business:**

490 FIRST AVENUE S.  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

490 FIRST AVENUE S.  
SAINT PETERSBURG, FL 33701

**FEI Number: 59-0482470**

**Certificate of Status Desired: No**

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

JONES, JANA L  
490 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33701 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CPD  
Name TASH, PAUL C  
Address 490 FIRST AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VSD  
Name CORTY, ANDREW P  
Address 490 FIRST AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VD  
Name BROWN, NEIL  
Address 490 FIRST AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VD  
Name DELUCA, JOE  
Address 490 FIRST AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VD  
Name FAULMANN, BRUCE  
Address 490 FIRST AVE S  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VTD  
Name JONES, JANA L  
Address 490 FIRST AVE S  
City-State-Zip: SAINT PETERSBURG FL 33701

Title D  
Name FRANKLIN, TIM  
Address 490 1ST AVENUE SOUTH  
City-State-Zip: ST PETERSBURG FL

*I hereby 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 all other like empowered.*

**SIGNATURE: JANA L. JONES**

**DIRECTOR**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date