2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 111977

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

Name and Address of Current Registered Agent:

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

FILED Apr 28, 2015 Secretary of State CC6447048293

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	CPD	Title	VSD
Name	TASH, PAUL C	Name	CORTY, ANDREW P
Address	490 FIRST AVENUE SOUTH	Address	490 FIRST AVENUE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33701	City-State-Zip:	SAINT PETERSBURG FL 33701
Title	VD	Title	VD
Name	BROWN, NEIL	Name	DELUCA, JOE
Address	490 FIRST AVENUE SOUTH	Address	490 FIRST AVENUE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33701	City-State-Zip:	SAINT PETERSBURG FL 33701
Title	VD	Title	VTD
Title Name	VD FAULMANN, BRUCE	Title Name	VTD JONES, JANA L
Name	FAULMANN, BRUCE	Name	JONES, JANA L 490 FIRST AVE S
Name Address City-State-Zip:	FAULMANN, BRUCE 490 FIRST AVE S SAINT PETERSBURG FL 33701	Name Address	JONES, JANA L 490 FIRST AVE S
Name Address	FAULMANN, BRUCE 490 FIRST AVE S SAINT PETERSBURG FL 33701 D	Name Address City-State-Zip:	JONES, JANA L 490 FIRST AVE S SAINT PETERSBURG FL 33701
Name Address City-State-Zip: Title	FAULMANN, BRUCE 490 FIRST AVE S SAINT PETERSBURG FL 33701	Name Address City-State-Zip: Title	JONES, JANA L 490 FIRST AVE S SAINT PETERSBURG FL 33701 D

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: ANDREW P. CORTY

SECRETARY

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date