

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****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 VD
Name BROWN, NEIL
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 D
Name FRANKLIN, TIM
Address 490 1ST AVENUE SOUTH
City-State-Zip: ST PETERSBURG FL

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

Title D
Name NICKENS, TIM
Address 490 FIRST AVENUE S.
City-State-Zip: SAINT PETERSBURG FL 33701

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