FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 119544

1. Corporation Name

TALLAHASSEE DEMOCRAT INC

Principal Place of Business Mailing Address				_	((BRA) (68) (1816 (BIR) BIR) était Elèt ètat elét alett elét alett elét elét elét elét elét elét elét
J. MICHAEL PATE J. M. PATE					
277 NORTH MAGNOLIA DR 277 NORTH MAGNOLIA DR					WATE WITTING OF OF
TALLAHASSEE FL 32301-2664 TALLAHASSEE FL 32301-266			4		DO NOT WRITE IN THIS SPACE
US US					3. Date Incorporated or Qualifed
					03/25/1929
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-0184700 Not Applicable
Suite, Apt. i	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required
City & State		City & State	City & State		6. Election Campaign Financing 5:00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	29 30	0		Personal Property Tax. LJYes LJNo 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	
DATE	: IM		ا ''ا	, wanne	·
PATE, J M 277 N MAGNOLIA			82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			-		
IALL	ATIAGGEE.TE G2001		83		
	Mary West		84	City	85 Zip Code
g					FL s 2 p coul
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					
- CIGIANTONE	Signature, typed or printed name of registered agent			t signature r	required when reinstating) DATE
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u> </u>		1.1 TITLE		. Change Addition
NAME	DETERT, DETERT OF		1.2 NAME		
STREET ADDRESS	2 21 THE HATCH TO LIKE		1.3 STREET	ADDRESS	5
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	
TITLE	V .	DELETE 2.1 π			Change Addition
NAME	Side and and and		2.2 NAME		
STREET ADDRESS	ALSO ETT IT IN TOTAL		2.3 STREET	(ADDRESS	s
CITY-ST-ZIP			2. 4 CITY-S	17-ZIP	
TITLE	PP □ DELETE 3.1 m		3.1 TITLE		☐ Change ☐ Addition
NAME	77.1.2; 33 M		3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	s
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4. CITY-S	T-ZIP	
TITLE	V	☐ DELETE	4,1 TITLE		Change Addition
NAME	JONES, ROSS		4.2 NAME		
STREET ADDRESS	KRI ONE HERALD PLAZA		4.3 STREET	TADDRESS	s
CITY-ST-ZIP	MIAMI, FLORIDA 0		4.4 CITY-S	T-ZIP	
TITLE	T	DELETE	5.1 TITLE		☐ Change Addition
NAME	NOTTAGE, SAMUEL	SAMUEL 52			Webber, Cindy
STREET ADDRESS			5.3 STREET	T ADDRESS	5 277 N. Magnolia Drive
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-S	T-ZIP	Tallahassee FL
TITLE	S	DELETE	6.1 TITLE		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 a property of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 a property of the corporation o

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

HARRIS, DOUGLAS C.

MIAMI, FLORIDA O

KRI ONE HERALD PLAZA

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

830 -599-2/35)
Daytime Phone #

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90117 046 ***150.00