

# 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