2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 196292

Entity Name: KEYNOTER PUBLISHING COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business: 1HEARALD PLAZA MIAMI, FL 330500158 **Current Mailing Address: New Mailing Address:** 3015 OVERSEAS HWY P O BOX 158 MARATHON, FL 33050158 FEI Number: 59-0789679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition LANDSBERG, DAVID Name: Name: 1 HERALD PLAZA Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: ASEC Title: () Delete () Change () Addition TALAMANTES, PATRICK Name: Name: Address: 2100 Q STREET Address: SACRAMENTO, CA 95816 US City-St-Zip: City-St-Zip:

Address: City-St-Zip:

Title:

Name:

() Delete

() Delete

() Delete

() Delete

TALAMANTES, PATRICK

SACRAMENTO, CA 95816 US

2100 O STREET

2100 Q STREET

CFO

Title: ROSENTHAL, SUSAN Name: Address: 2100 Q STREET

City-St-Zip: SACRAMENTO, CA 95816

Title: Name:

SEC MORGAN-PRAGER, KAROLE

Address:

City-St-Zip: SACRAMENTO, CA 95816 TREA

Title: LINTECUME, ELAINE Name: Address:

2100 Q STREET City-St-Zip: SACRAMENTO, CA 95816 Title: Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address: City-St-Zip:

Address:

Title: **TREA** (X) Change () Addition Name:

LINTECUM, ELAINE 2100 Q STREET

() Change () Addition

() Change () Addition

() Change () Addition

City-St-Zip: SACRAMENTO, CA 95816

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

	Flataria Circatora of Circatora Officera of Disease		Data
SIGNATURE:	KAROLE MORGAN-PRAGER	SEC	04/17/2009

FILED Apr 17, 2009 Secretary of State