

**FILED**  
**Jan. 16, 2004 08:00 AM**  
**Secretary of State**

1. Entity Name  
LEE ENTERPRISES, INC.



Mailing Address  
1000 PEMBROKE RD.  
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-0900702

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEMKIN, RONALD E.  
616 ATLANTIC SHORES BLVD  
HALLANDALE, FL 33009

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when installing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOODMAN, LEE
STREET ADDRESS	1000 PEMBROKE RD
CITY-STATE	HALLANDALE, FL

TITLE	STD
NAME	GOODMAN, CY
STREET ADDRESS	1000 PEMBROKE RD
CITY-ST-ZIP	HALLANDALE, FL

TITLE	VD
NAME	LEVY, WALTER
STREET ADDRESS	1000 PEMBROKE RD
CITY - ST - ZIP	HALLANDALE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

16204-81026-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if requested, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone #