


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 244361 1. Entity Name HOMESTEAD NEWSPAPERS, INC.	
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Principal Place of Business 15 N.E. FIRST ROAD HOMESTEAD, FL 33030	Mailing Address P. O. BOX 900340 HOMESTEAD, FL 33090 US
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02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0916959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, GLENN A.
28 FONSECA AVENUE
CORAL GABLES, FL 33134

**DO NOT WRITE
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 if applicable (NOTE: Registered Agent signature required when reinitiating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000071305 02/01/04 0000000004 150.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLIS, S.M. 8400 RT. 13 LEVITTOWN, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV BIRCH, E J 8400 RT 13 LEVINTOWN, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHORTS, GARY 8400 RT 13 LEVITTOWN, PA 19057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, G.A. 28 FONSECA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDY, S C 862 GAINSWAY ROAD YARDLY, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIS, S C 5 LAUREL ROAD RIVERTON, NJ

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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)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2/26/04** **305-245-2311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #