

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 244361

1. Entity Name
HOMESTEAD NEWSPAPERS, INC.



Principal Place of Business
**15 N.E. FIRST ROAD
HOMESTEAD, FL 33030**

Mailing Address
**P. O. BOX 900340
HOMESTEAD, FL 33090 US**



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0916959

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, GLENN A.
6420 SW 26 STREET
MIAMI, FL 33155**

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | V |
| NAME | ELLIS, S.M. |
| STREET ADDRESS | 8400 RT. 13 |
| CITY-ST-ZIP | LEVITTOWN, PA |
| TITLE | TV |
| NAME | BIRCH, E J |
| STREET ADDRESS | 8400 RT 13 |
| CITY-ST-ZIP | LEVINTOWN, PA |
| TITLE | P |
| NAME | SHORTS, GARY |
| STREET ADDRESS | 8400 RT 13 |
| CITY-ST-ZIP | LEVITTOWN, PA 19057 |
| TITLE | V |
| NAME | MARTIN, G.A. |
| STREET ADDRESS | 6420 SW 26 STREET |
| CITY-ST-ZIP | MIAMI, FL 33155 |
| TITLE | VD |
| NAME | HARDY, S C |
| STREET ADDRESS | 862 GAINSWAY ROAD |
| CITY-ST-ZIP | YARDLY, PA |
| TITLE | VD |
| NAME | ELLIS, S C |
| STREET ADDRESS | 5 LAUREL ROAD |
| CITY-ST-ZIP | RIVERTON, NJ |

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04/29/06-80188-020 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 (305) 245-2311
Date Daytime Phone #