

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90291 011 ***150.00

DOCUMENT # 291602

1. Entity Name
SCRIPPS TREASURE COAST PUBLISHING COMPANY



Principal Place of Business
**312 WALNUT ST., 28TH FLOOR
P.O. BOX 5380
CINCINNATI, OH 45201 US**

Mailing Address
**312 WALNUT STREET, 28TH FLOOR
POST OFFICE BOX 5380
CINCINNATI OHIO, 45201 US**

DO NOT WRITE IN THIS SPACE

03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1093327

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinstating)

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	S
NAME	KUPRIONIS, M. DENISE
STREET ADDRESS	214 REDBUD CT.
CITY - ST - ZIP	LOVELAND, OH
TITLE	P
NAME	WEBER, THOMAS
STREET ADDRESS	432 PINE TREE LANE
CITY - ST - ZIP	STUART, FL
TITLE	T
NAME	WOLFZORN, E. JOHN
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR
CITY - ST - ZIP	CINCINNATI, OH
TITLE	D
NAME	LOWE, KENNETH W
STREET ADDRESS	2940 GRANDIN ROAD
CITY - ST - ZIP	CINCINNATI, OH
TITLE	VD
NAME	HORTON, ALAN M
STREET ADDRESS	39 LOCUST HILL RD.
CITY - ST - ZIP	CINCINNATI, OH
TITLE	AT
NAME	CARROLL, MICHAEL W
STREET ADDRESS	8385 GREENLEAF DR.
CITY - ST - ZIP	CINCINNATI, OH 45255

**DO NOT WRITE
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: MWC: Michael W. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04
Date

Daytime Phone #