2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# 291602

Entity Name: SCRIPPS TREASURE COAST PUBLISHING COMPANY

Current Principal Place of Business:

312 WALNUT ST., 28TH FLOOR
P.O. BOX 5380
CINCINNATI, OH 45201 US

New Principal Place of Business:

312 WALNUT ST., 28TH FLOOR
CINCINNATI, OH 45201 US

Current Mailing Address:

312 WALNUT STREET, 28TH FLOOR
POST OFFICE BOX 5380
CINCINNATI, OH 45201 US

New Mailing Address:

312 WALNUT STREET, 28TH FLOOR
CINCINNATI, OH 45201 US

FEI Number: 59-1093327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: S ( ) Delete
Name: KUPRIONIS, M D
Address: 214 REDBUD CT.
City-St-Zip: LOVELAND, OH 45140

Title: P ( ) Delete
Name: WEBER, THOMAS E
Address: 4490 SE. WATERFORD DR
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete
Name: WOLFZORN, E J
Address: 312 WALNUT ST, 28TH FLOOR
City-St-Zip: CINCINNATI, OH 45202

Title: D ( ) Delete
Name: LOWE, KENNETH W
Address: 2940 GRANDIN ROAD
City-St-Zip: CINCINNATI, OH 45208

Title: VD ( ) Delete
Name: NECASTRO, JOSEPH G
Address: 312 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: AT ( ) Delete
Name: CARROLL, MICHAEL W
Address: 8385 GREENLEAF DR
City-St-Zip: CINCINNATI, OH 45255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL W. CARROLL AT 04/02/2007

Electronic Signature of Signing Officer or Director Date