

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 320843

FILED
Apr 30, 2008
Secretary of State

Entity Name: POST-NEWSWEEK STATIONS FLORIDA, INC.

Current Principal Place of Business:

1851 SOUTHAMPTON ROAD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1851 SOUTHAMPTON ROAD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 52-0854808

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: PCEO () Delete
Name: FRANK, ALAN W
Address: 1851 SOUTHAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DT () Delete
Name: ETIENNE, MARCIA
Address: 1851 SOUTHAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DS () Delete
Name: RONAYNE, JOHN J
Address: 1851 SOUTHAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP () Delete
Name: BOYLAN, DAVE D
Address: 1851 SOUTHAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: MORSE JR., JOHN B
Address: 1851 SOUTHAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP () Delete
Name: PACE, ANN
Address: 1851 SOUTHAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

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: VP (X) Change () Addition
Name: SUTTON, ANN
Address: 1851 SOUTHAMPTON ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify 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: CRYSTAL FICKEN

POA

04/30/2008

Electronic Signature of Signing Officer or Director

Date