FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR -6 PM 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 385720

1. Corporation Name

LAKELAND LEDGER PUBLISHING CORPORATION

Principal Place of Business	Mailing Address
401 S. MISSOURI AVE.	c/o LEGAL DEPT.
BOX 408	229 W. 43D STREET
LAKELAND, FL 33802-4731	NEW YORK, NY 10036
USA	USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1971

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc		Suite, Apt. #, etc	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number: 59-1381032 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	WEEKS, JAMES C.		12 NAME	
STREET ADDRESS	3414 PEACHTREE RD N.E.		13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326		14 CITY-ST-ZIP	
TITLE	SD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	CORWIN, LAURA J.		22 NAME	
STREET ADDRESS	229 W. 43RD ST.		23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036		24 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	ELLEN TAUS		32 NAME	
STREET ADDRESS	229 WEST 43RD STREET		33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036		34 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	O'BRIEN, JOHN		42 NAME	
STREET ADDRESS	229 W. 43RD ST.		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036		44 CITY-ST-ZIP	
TITLE	DV	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	WHITWORTH, DON		52 NAME	
STREET ADDRESS	401 SOUTH MISSOURI AVE.		53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33802		54 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	STOLLER, STUART		62 NAME	
STREET ADDRESS	229 W. 43RD STREET		63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036		64 CITY-ST-ZIP	

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 813-556-7127