2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 753981** Jun 20, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA NEWSPAPER IN EDUCATION COORDINATORS, INC 06-20-2000 90001 014 ****61.25 Principal Place of Business Mailing Address **NEWS-PRESS** NEWS-PRESS 2442 DR. M.L.K. JR. BLVD. PO ROX 10 FT. MYERS FL 33901 FT. MYERS FL 33902-0010 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2040357 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SKLODOWSKI, PAULA 2442 DR. M.L.K. JR. BLVD. FT. MYERS FL 33901 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 **SIGNATURE** DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delorah Comm, Tileasurer - Change TITLE TITLE ☐ Delete 333 SW 12th Avenue NAME NAME DAVIS, CRIS Deerfield Beach, FL33442 STREET ADDRESS STREET ADDRESS 1 GANNETT PLAZA CITY-ST-7/P CITY-ST-ZIP MELBOURNE FL 32940 **■** Addition TITLE DP ☐ Delete TITLE Inn Baden, Secretary Change 333 SW 12th Avenue Deerfield Boh, FL 33442 NAME GOVONI, NANCY NAME STREET ADDRESS STREET ADDRESS 901 6TH ST CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 Addition TITLE Delete TITLE Beth Graham, president ☐ Change NAME SKLODOWSKI, PAULA NAME P.O. 601 24700 STREET ADDRESS STREET ADDRESS 2442 DR. M.L.K. JR. BLVD. WPB, FL33416 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete Addition TITLE sara Hornor President NAME 10. Box 24700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Caroline. TITLE rar bonnet ' Secretary PO. BOX 1949 NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, FL 32231 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 617, 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: