2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # 817245 1. Entity Name SUN-SENTINEL COMPANY 05-06-2002 90138 015 ***150.00 Principal Place of Business Mailing Address 200 E. LAS OLAS BLVD. 435 N. MICHIGAN AVE FT. LAUDERDALE FL 33301-2293 CHICAGO IL 60611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1022684 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST TALLAHASSEE FL 32301 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE AS ☐ Delete TITI F X Addition ☐ Change NAME CARROLL, SYLVIA NAME HIANIK, MARK W. 200 E LAS OLAS BLVD STREET ADDRESS STREET ADDRESS 435 N. MICHIGAN AVE. CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP CHICAGO, IL 60611 TITLE ☐ Defete TITLE Change ☐ Addition NAME GREENBERG. H. NAME STREET ADDRESS 200 E. LAS OLAS BLVD. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GREENBERGER, S.L. NAME STREET ADDRESS 200 E. LAS OLAS BLVD. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GREMILLION, R NAME STREET ADDRESS 200 E LAS OLAS BLVD STREET ADDRESS CITY-ST-718 FT LAUD FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Christie. Bob NAME STREET ADDRESS 200 E LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP FT LAUD FL 33301 CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KENNEY, CH NAME STREET ADDRESS 435 N MICHIGAN AVE STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60611 CITY-ST-ZIP 13. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ke empowered.

MARK W. HIANIK

4/25/2002

Date

312-222-4303

CR2E034 (9/01

Daytime Phone #