2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 818937 May 08, 2000 8:00 am 1. Entity Name **Secretary of State** ORLANDO SENTINEL COMMUNICATIONS COMPANY 05-08-2000 90091 031 ***150.00 Principal Place of Business Mailing Address 435 N. MICHIGAN AVENUE 633 N. ORANGE AVENUE SUITE #600 ORLANDO FL 32801 CHICAGO IL 60611-4066 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1103775 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D X Addition CEOP ☐ Change ☐ Delete TITLE PUERNER, JOHN NAME NAME STREET ADDRESS 633 N ORANGE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition ☐ Delete TITLE HAILE JR. LLOYD JOHN NAME 633 N. ORANGE AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-7IP Change ■ Addition TITLE. · Delete - -TITLE KENNEY, CRANE H NAME NAME 435 N. MICHIGAN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 ☐ Addition ☐ Change TITLE Delete TITLE DARDEN, RICHARD E NAME 633 N ORANGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITI F Delete TITLE DOWDLE, JAMES NAME 435 N. MICHIGAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHICAGO IL 60611 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 13. 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 employered 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 TYPED OR PRINTED NAME OF FIGURING OFFICER OR DIRECTOR Date Date Destrict Printed Name Of Figuring Officer or Director

h an addres

changed, or on an attach

with all other like empowered.