


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90219 013 \*\*\*150.00

<b>DOCUMENT # 853512</b>		
1. Entity Name <b>GANNETT SATELLITE INFORMATION NETWORK, INC.</b>		

Principal Place of Business <b>1100 WILSON BLVD ARLINGTON, VA 22234</b>	Mailing Address <b>7950 JONES BRANCH DR TAX DEPT MCLEAN, VA 22107</b>
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**94061983**

2. Principal Place of Business <b>7950 Jones Branch Dr.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>McLean, VA</b>		City & State	
Zip <b>22107</b>	Country <b>USA</b>	Zip	Country



04122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1032273</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATSON, GARY L</b> <b>7950 JONES BRANCH DR</b> <b>MCLEAN, VA 22107</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCCORKINDALE, DOUGLAS H.</b> <b>7950 JONES BRANCH DR</b> <b>MCLEAN, VA 22107</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHAPPLE, THOMAS L.</b> <b>7950 JONES BRANCH DR</b> <b>MCLEAN, VA 22107</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Todd A. Mayman</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARTORE, GRACIA C</b> <b>7950 JONES BRANCH DR</b> <b>MCLEAN, VA 22107</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Michael A. Hart</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>BALDWIN, CHRISTOPHER</b> <b>7950 JONES BRANCH DR</b> <b>MCLEAN, VA 22107</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 trustee empowered to execute this report as required by Chapter 607, 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: Todd Mayman Todd Mayman 4/22/04 (703) 854-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #