

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019098 MB

DOCUMENT # B99000000449

1. Entity Name
GANNETT NEW JERSEY PARTNERS L.P.



FILED

03 MAY 20 PM 1:30

Principal Place of Business
ONE GANNETT PLAZA
MELBOURNE FL 32940

Mailing Address
7950 JONES BRANCH DRIVE
TAX DEPARTMENT
MCLEAN VA 22107-0940

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
One Gannett Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Melbourne FL

City & State

4. FEI Number 54-1948283

Applied For
Not Applicable

Zip
32940

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$0.00

10. Amount of Capital Contributions
in FLORIDA to date. - 0 -

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 853512
NAME GANNETT SATELLITE INFORMATION NETWORK, INC
STREET ADDRESS 1100 WILSON BOULEVARD
CITY-ST-ZIP ARLINGTON VA 22234

STREET ADDRESS

CITY-ST-ZIP

200019579412

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STREET ADDRESS

CITY-ST-ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

Christopher A. Baldwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASST. TREASURER

4/9/2003

703-865-6000

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE