2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 8:00 am Secretary of State

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DOCUMENT # F0000003862 1. Entity Name SOUTHERN NEWSPAPERS OF ALABAMA, INC.								03-31	-2006 9	0016 (023 ***1	50.00
Principal Place 5701 WOOD\ SUITE 131 HOUSTON, TO	WAY	!	ailing Address 5701 WOODWAY SUITE 131 HOUSTON, TX 77057	US							578	E(111 H 121)
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01032006	Chg-P	(CR2E03	4 (11/05)	
City & State			City & State			4. FEI Numbe 63-0589		•			oplied For ot Applicable	
Zip	Country		Zip	Count	try		5. Certificate	of Status Des	sired (8.75 Add ee Require	
	6. Name and Address	of Current Regis	stered Agent				7. Name and	Address of	New Regis	stered A	gent	
1200 SOU	PORATION SYSTEM TH PINE ISLAND RO ION, FL 33324	DAD			Name Street Add	dress (F	P.O. Box Numbe	r is Not Acce	eptable)			
					City					FL	Zip Cod	e
	named entity submits this ions of registered agent.	statement for the	purpose of changing its	registere	ed office or re	egistere	ed agent, or both	n, in the State	of Florida	ı. I am fa	i amiliar with,	and accept
JUNATURE.												
	Signature, typed or printed name of	registered agent and title	il applicable. (NOTE	: Registered	d Agent signature	required	when reinstating)			DATE		
After Ma	E NOW!!! FEE IS \$1 ay 1, 2006 Fee will	50.00 be \$550.00	9. Election Campaig Trust Fund Contr	gn Finan ibution.		\$ 5.	00 May Be ed to Fees			<u> </u>		
	E NOW!!! FEE IS \$1 ay 1, 2006 Fee will	50.00	9. Election Campaig Trust Fund Contr	gn Finan	ocing	\$5. Adde	00 May Be	CHANGES T	O OFFICEE	<u> </u>	DIRECTOR	S IN 11
After Ma	E NOW!!! FEE IS \$1 ay 1, 2006 Fee will	150.00 : be \$550.00 : CERS AND DIRE	9. Election Campaig Trust Fund Contr	gn Finan ibution. 11. TITLE NAME STREE	ecing E ET ADDRESS	\$5. Adde VP LON 690	00 May Be ed to Fees	CA AVE.		RS AND	DIRECTOR:	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

CITY-ST-ZIP

SCOTTSBORO, AL

35768

RAINSVILLE, AL 35986

CITY-ST-ZIP

SIGNATURE:	Marine ann Walls, Preu lent	2-23-06	713-266-5481
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #