

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 009 ***150.00

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1. Entity Name
SOUTHERN NEWSPAPERS OF ALABAMA, INC.



Principal Place of Business

5701 WOODWAY
SUITE 131
HOUSTON, TX 77057 US

Mailing Address

5701 WOODWAY
SUITE 131
HOUSTON, TX 77057 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192007

Chg-P

CR2E034 (12/06)

4. FEI Number

63-0589953

Applied For

Not Applicable

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD ☐ Delete
NAME WALLS, MARTHA A
STREET ADDRESS 5701 WOODWAY STE 300
CITY-ST-ZIP HOUSTON, TX 77057

TITLE VP ☒ Delete
NAME CLEMENTS, CLIFF
STREET ADDRESS 1603 PROGRESS DR
CITY-ST-ZIP ALBERTVILLE, AL 35950

TITLE VSD ☐ Delete
NAME VAHLDEK, LISSA W
STREET ADDRESS 5701 WOODWAY, SUITE 300
CITY-ST-ZIP HOUSTON, TX 77057

TITLE T ☒ Delete
NAME KOEHLER, PATRICIA R
STREET ADDRESS 5701 WOODWAY, SUITE 131
CITY-ST-ZIP HOUSTON, TX 77057

TITLE VPD ☒ Delete
NAME BROWN, LEON
STREET ADDRESS 5701 WOODWAY, SUITE 300
CITY-ST-ZIP HOUSTON, TX 77057

TITLE VP ☐ Delete
NAME MCBRIDE, FAYE
STREET ADDRESS 701 VETERANS DR
CITY-ST-ZIP SCOTTSBORO, AL 35768

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME BEN SHURETT
STREET ADDRESS 1603 PROGRESS DR.
CITY-ST-ZIP ALBERTVILLE, AL 35950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME BARBARA ZAVODNY
STREET ADDRESS 5701 WOODWAY, SUITE 131
CITY-ST-ZIP HOUSTON, TX 77057

TITLE VP ☐ Change ☒ Addition
NAME REBECCA LONG
STREET ADDRESS 35 TRINITY
CITY-ST-ZIP RAINSVILLE, AL 35986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Barbara Zavodny* BARBARA ZAVODNY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07
Date

832-251-4211
Daytime Phone #