

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90052 041 \*\*\*150.00

**DOCUMENT # F00000003862**

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**

**40050834**



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

03172008 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

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

## 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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WALLS, MARTHA A  
STREET ADDRESS 5701 WOODWAY STE 300  
CITY-ST-ZIP HOUSTON, TX 77057 ☐ Delete

TITLE VP  
NAME SHURETT, BEN  
STREET ADDRESS 1603 PROGRESS DR  
CITY-ST-ZIP ALBERTVILLE, AL 35950 ☐ Delete

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

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

TITLE V  
NAME LONG, REBECCA  
STREET ADDRESS 35 TRINITY  
CITY-ST-ZIP RAINSVILLE, AL 35986 ☐ Delete

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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**

3-17-08

832-251-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #