

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003862

FILED
Mar 25, 2009
Secretary of State

Entity Name: SOUTHERN NEWSPAPERS OF ALABAMA, INC.

Current Principal Place of Business:

5701 WOODWAY
SUITE 131
HOUSTON, TX 77057 US

New Principal Place of Business:

Current Mailing Address:

5701 WOODWAY
SUITE 131
HOUSTON, TX 77057 US

New Mailing Address:

FEI Number: 63-0589953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLS, MARTHA A
Address: 5701 WOODWAY STE 300
City-St-Zip: HOUSTON, TX 77057

Title: VP () Delete
Name: SHURETT, BEN
Address: 1603 PROGRESS DR
City-St-Zip: ALBERTVILLE, AL 35950

Title: VSD () Delete
Name: VAHLIDIEK, LISSA W
Address: 5701 WOODWAY, SUITE 300
City-St-Zip: HOUSTON, TX 77057

Title: T () Delete
Name: ZAVODNY, BARBARA
Address: 5701 WOODWAY, SUITE 131
City-St-Zip: HOUSTON, TX 77057

Title: V () Delete
Name: LONG, REBECCA
Address: 35 TRINITY
City-St-Zip: RAINSVILLE, AL 35986

Title: VP (X) Delete
Name: MCBRIDE, FAYE
Address: 701 VETERANS DR
City-St-Zip: SCOTTSBORO, AL 35768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ZAVODNY

T

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date