


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000006940 1. Entity Name GANNETT EL PASO PUBLISHING, INC.	
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Principal Place of Business ONE GANNETT PLAZA MELBOURNE, FL 32940	Mailing Address ONE GANNETT PLAZA MELBOURNE, FL 32940
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2279519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000064492
02/24/04-80015-001 600.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLEMAN, MICHAEL J ONE GANNETT PLAZA MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAPPLE, THOMAS L 1100 WILSON BOULEVARD ARLINGTON, VA 22234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTORE, GRACIA C 1100 WILSON BOULEVARD ARLINGTON, VA 22234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BALDWIN, CHRISTOPHER W 1100 WILSON BOULEVARD ARLINGTON, VA 22234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCORKINDALE, DOUGLAS H 1100 WILSON BOULEVARD ARLINGTON, VA 22234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____