

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000000865**

1. Entity Name  
JONES MEDIAAMERICA, INC.



Principal Place of Business  
9697 E. MINERAL AVENUE  
CENTENNIAL, CO 80112

Mailing Address  
9697 E. MINERAL AVENUE  
CENTENNIAL, CO 80112



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**84-1467401**

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

**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 \_\_\_\_\_

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	C
NAME	JONES, GLENN R
STREET ADDRESS	9697 E. MINERAL AVENUE
CITY-ST-ZIP	CENTENNIAL, CO 80112
TITLE	DP
NAME	SCHONFELD, GARY
STREET ADDRESS	1133 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	VT
NAME	LANE, MARK
STREET ADDRESS	9697 E. MINERAL AVENUE
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	S
NAME	ELLIS, LORRI
STREET ADDRESS	9697 E. MINERAL AVENUE
CITY-ST-ZIP	CENTENNIAL, CO 80112
TITLE	CEOD
NAME	HAMPTON, ROBERT W
STREET ADDRESS	9697 E. MINERAL AVENUE
CITY-ST-ZIP	CENTENNIAL, CO 80112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/08-80010-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Lorri Ellis Lorri Ellis, Secretary

March 11, 2008

303.784.8486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #