

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000511

FILED
May 03, 2006
Secretary of State

Entity Name: NYT MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2202 NORTH WEST SHORE BLVD., SUITE 370
TAMPA, FL

New Principal Place of Business:

Current Mailing Address:

C/O THE NEW YORK TIMES CO.
229 WEST 43RD STREET
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 06-1567241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AINSLEY, P. STEVEN
Address: 2202 NORTH WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

Title: VCFO () Delete
Name: DEWITT, STEPHEN P
Address: 2202 NORTH WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

Title: V () Delete
Name: FORMAN, LEONARD P
Address: 229 WEST 43RD STREET
City-St-Zip: NEW YORK, NY 10036

Title: VD () Delete
Name: WATSON, SOLOMON B IV
Address: 229 WEST 43RD STREET
City-St-Zip: NEW YORK, NY 10036

Title: VT () Delete
Name: BENTEN, R. ANTHONY
Address: 229 WEST 43RD STREET
City-St-Zip: NEW YORK, NY 10036

Title: V () Delete
Name: BURNS, JOHN
Address: 830 PETALUMA BLVD. NORTH
City-St-Zip: PETALUMA, CA 94952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCFO (X) Change () Addition
Name: VAIL, DAVID
Address: 2202 NORTH WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

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

Title: () Change () Addition
Name:
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 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: RHONDA L. BRAUER

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05/03/2006

Electronic Signature of Signing Officer or Director

_____ Date