## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000005007

Entity Name: GATEHOUSE MEDIA FLORIDA HOLDINGS, INC.

FILED Jan 28, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
350 WILLOWBROOK OFFICE PARK FAIRPORT, NY 14450							
Current Mailing Address:			New Mailir	New Mailing Address:			
350 WILLOWBROOK OFFICE PARK FAIRPORT, NY 14450							
FEI Number: 26-1226448 FEI Number Applied For ( ) FEI N		FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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 Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	REED, MICHAEL	OOK OFFICE PARK	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	REED, MICHAEL	OOK OFFICE PARK	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CHAMPION, SCO	OOK OFFICE PARK	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	COPE, RANDALL	OOK OFFICE PARK	Title: Name: Address: City-St-Zip:	THOMPSON, M	ROOK OFFICE PARK		
Title: Name: Address: City-St-Zip:	SACK, WILLARD	OOK OFFICE PARK	Title: Name: Address: City-St-Zip:	SACK, POLLY	ROOK OFFICE PARK		
Title: Name: Address: City-St-Zip:	THOMPSON, MA	OOK OFFICE PARK	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
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: ELIZABETH L. LEWIS AS 01/28/2008