

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005007

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** GATEHOUSE MEDIA FLORIDA HOLDINGS, INC.

**Current Principal Place of Business:**

350 WILLOWBROOK OFFICE PARK  
FAIRPORT, NY 14450

**New Principal Place of Business:**

**Current Mailing Address:**

350 WILLOWBROOK OFFICE PARK  
FAIRPORT, NY 14450

**New Mailing Address:**

FEI Number: 26-1226448

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: REED, MICHAEL E  
Address: 350 WILLOWBROOK OFFICE PARK  
City-St-Zip: FAIRPORT, NY 14450

Title: DIR  
Name: REED, MICHAEL E  
Address: 350 WILLOWBROOK OFFICE PARK  
City-St-Zip: FAIRPORT, NY 14450

Title: DIR  
Name: DAVIS, KIRK A  
Address: 350 WILLOWBROOK OFFICE PARK  
City-St-Zip: FAIRPORT, NY 14450

Title: DIR  
Name: JANIK, MELINDA A  
Address: 350 WILLOWBROOK OFFICE PARK  
City-St-Zip: FAIRPORT, NY 14450

Title: GEN  
Name: SACK, POLLY GRUNFELD  
Address: 350 WILLOWBROOK OFFICE PARK  
City-St-Zip: FAIRPORT, NY 14450

I hereby 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 all other like empowered.

SIGNATURE: POLLY GRUNFELD SACK

GEN

03/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date