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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|----------------------|--|--|--|
| SUBJECT: The E.W. Scripps Comp | pany | | | |
| | ame of corporation | - must include suffix | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or "Certification of the Enclose of the Enclos | ficate of Good Stan | ding" and check are sub- | | |
| Please return all correspondence con | acerning this matter | to the following: | | |
| Julie Cornwell | | | | |
| | Name of | Person | | |
| The E.W. Scripps Company | | | | |
| | Firm/Corr | ipany | | |
| 312 Walnut Street, Suite 2800 | | | | |
| | Addro | ess | | |
| Cincinnati, OH 45202 | | | | |
| | City/State a | nd Zip code | | |
| julie.comwell@scripps.com | | | | |
| E-mail ad | ldress: (to be used) | or future annual report n | notification) | |
| For further information concerning t | his matter, please o | call: | | |
| Julie Cornwell | at (| 898-4071 | | |
| Name of Person | Area Cod | e Daytime Telepl | hone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | Registration S Division of Co P.O. Box 632 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| | DA DEPARTMENT | OF STATE S78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| "Inc.," "Co.," "C | Corp." "Inc." "Co." or "Corp.") | | | | |
|--|--|--|---|--|------------|
| (If name unavail | able in Florida, enter alternate co | rporate name adopted | for the purpose of transact | ing business in Florida) | |
| Ohio | | 31-122 | | , | |
| (State or countr 12/1/1987 | ry under the law of which it is inco | orporated) 5. | (FEI number, if a | applicable) | |
| | of incorporation) | | (Date of duration, if other | r than perpetual) | |
| 3/1/2022 | | | | | |
| | (SEE SECTIONS 607.1 | 501 & 607.1502, F.S | a, if prior to registration) to determine penalty liabi | lity) | |
| 312 Walnut Stree | et, Suite 2800, Cincinnati, OH 45. | 202 | | | |
| | - (| (Principal office stree | t address) | | |
| | | <u></u> | 10.1100 | | |
| | (C | Current mailing addre | ss, if different) | | |
| . Name and stree | et address of Florida registered | agent: (P.O. Box | NOT acceptable) | 5 | |
| Name: | Corporation Service Company | | | 2022 HAR SECRETA ALL AHAS | - |
| | 1201 Hays Street | | | % ≈ \ | 1 |
| ffice Address: | | | 32301 | \mathbb{C}_{0}^{-1} | |
| ffice Address: | Tallahassee | . 1 | Florida | | |
| iffice Address: | Tallahassee (City) | | Florida (Zip code) | AH 9 F1.09 | \ddot{O} |
| | (City) | <u> </u> | Florida | 1 9: 2 S 1/17E | |
| Registered age | (City) ent's acceptance: sed as registered agent and to | accept service of pr | (Zip code) | OFFICE ACTION At the p. | O lace |
| Registered age aving been nam esignated in this erther agree to co | (City) ent's acceptance: ned as registered agent and to a application, I hereby accept to omply with the provisions of a | accept service of pi the appointment as ill statutes relative | (Zip code) (Zip code) rocess for the above state registered agent and agr | ed corporation at the paree to act in this capac | olace |
| Registered ago laving been nam esignated in this orther agree to co | (City) ent's acceptance: ned as registered agent and to a application, I hereby accept t | accept service of pi the appointment as ill statutes relative | (Zip code) (Zip code) rocess for the above state registered agent and agr | ed corporation at the paree to act in this capac | olace |
| laving been nam esignated in this urther agree to co nd I am familiar | (City) ent's acceptance: ned as registered agent and to a application, I hereby accept to omply with the provisions of a | accept service of pr the appointment as all statutes relative t ns of my position a | (Zip code) (Zip code) rocess for the above state registered agent and agr | ed corporation at the paree to act in this capac | olace |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| A. DIRECTORS | | | | | | | |
|--|--|------------------------------------|---|--|--|--|--|
| □ Chairman | Name: Adam Symson | □Chairman | Name: William Appleton | | | | |
| □Vice Chairman | Address: 312 Walnut St, Suite 2800 | □Vice Chairman | Address: 312 Walnut St, Suite 2800 | | | | |
| □Director | Cincinnati, OH 45202 | □Director | Cincinnati, OH 45202 | | | | |
| President | | □President | | | | | |
| □Vice President | | ■ Vice President | | | | | |
| □Secretary | □Treasurer | □ Secretary | □Treasurer | | | | |
| □Other | □Other | □Other | □Other | | | | |
| □Chairman □Vice Chairman | Name: Rebecca Riegelsberger 312 Walnut St, Suite 2800 Address: | □Chairman □Vice Chairman | Name: Julie McGehee Address: 312 Walnut St, Suite 2800 | | | | |
| □Director | Cincinnati, OH 45202 | □Director | Cincinnati, OH 45202 | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □Secretary | ■ Treasurer | Secretary | □Treasurer | | | | |
| □Other | □Other | □Other EVP & G | Other | | | | |
| □Chairman □Vice Chairman □Director | Name: | □Chairman □Vice Chairman □Director | Name:Address: | | | | |
| □President | · | □President | | | | | |
| ■ Vice President | | □Vice President | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | |
| □Other | Other | Other | □Other | | | | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer | | | | | | | |

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

William Appleton, Executive Vice President & General Counsel

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE E.W. SCRIPPS COMPANY, an Ohio corporation, Charter No. 713217, having its principal location in Cincinnati, County of Hamilton, was incorporated on December 1, 1987 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of February, A.D. 2022.

Ohio Secretary of State

L Johns

Validation Number: 202204902834