

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90013 030 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000004358

1. Corporation Name
 THE NEWSPAPER NETWORK, INC.



Principal Place of Business: 2100 Q STREET SACRAMENTO CA 95816
 Mailing Address: 2100 Q STREET SACRAMENTO CA 95816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1993

4. FEI Number: 68-0307849

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND RD., PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: PRUITT, GARY	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: MCCLATCHY NEWSPAPERS, INC., 2100 Q STREET	CITY-ST-ZIP: SACRAMENTO CA	1.2 NAME:	1.3 STREET ADDRESS:
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: GRILLY, GERALD E	2.1 TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2001 - 21ST STREET	CITY-ST-ZIP: SACRAMENTO CA	2.2 NAME: Alan Truax	2.3 STREET ADDRESS: 3480 Rosin Court, Ste. 100
TITLE: S <input type="checkbox"/> DELETE	NAME: KAROLE MORGAN-PRAGER	2.4 CITY-ST-ZIP: Sacramento, CA 95834	
STREET ADDRESS: 2100 Q STREET	CITY-ST-ZIP: SACRAMENTO CA	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T <input type="checkbox"/> DELETE	NAME: SMITH, JAMES P	3.2 NAME:	3.3 STREET ADDRESS:
STREET ADDRESS: MCCLATCHY NEWSPAPERS, INC., 2100 Q STREET	CITY-ST-ZIP: SACRAMENTO CA 95816	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	4.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.4 CITY-ST-ZIP:	
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE: Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.2 NAME: Robert B. Wellman	5.3 STREET ADDRESS: 3480 Rosin Court, Ste. 100
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP: Sacramento, CA 95834	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karole Morgan Prager Karole Morgan Prager 5/12/99 916-321-1828
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)