

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91022 026 ***150.00

DOCUMENT # F94000003780					
1. Entity Name SCRIPPS HOWARD BROADCASTING COMPANY					
Principal Place of Business SCRIPPS HOWARD BROADCASTING COMPANY 312 WALNUT ST., STE. 2800 CINCINNATI, OH 45202 US			Mailing Address SCRIPPS HOWARD BROADCASTING COMPANY 312 WALNUT ST., STE. 2800 CINCINNATI, OH 45202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 31-1412445					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME LOWE, KENNETH W	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 312 WALNUT ST	CITY-ST-ZIP CINCINNATI, OH 45202		STREET ADDRESS _____		
TITLE V	NAME DOBACK, MICHAEL	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 312 WALNUT ST., STE. 2800	CITY-ST-ZIP CINCINNATI, OH		STREET ADDRESS _____		
TITLE AT	NAME WOLFZORN, E. JOHN	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 312 WALNUT ST., STE. 2800	CITY-ST-ZIP CINCINNATI, OH		STREET ADDRESS _____		
TITLE V	NAME KRONLEY, MICHAEL	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 312 WALNUT ST., STE 2800	CITY-ST-ZIP CINCINNATI, OH		STREET ADDRESS _____		
TITLE V	NAME GARDNER, P. FRANK	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 312 WALNUT ST., STE. 2800	CITY-ST-ZIP CINCINNATI, OH		STREET ADDRESS _____		
TITLE S	NAME KUPRIONIS, M DENISE	<input type="checkbox"/> Delete	TITLE AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 312 WALNUT ST	CITY-ST-ZIP CINCINNATI, OH		STREET ADDRESS CARROLL, MICHAEL W. 312 WALNUT ST. CINCINNATI, OH 45202		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.					
SIGNATURE: mwc: Michael W. Carroll					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-20-04					
Daytime Phone #					