

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F95000000969

Corporation Name

COX NEWSPAPERS, INC.

FILED

99 JUL 13 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
400 LAKE HEARN DRIVE, NE  
ATLANTA GA 30319

Mailing Address  
1400 LAKE HEARN DRIVE, NE  
ATLANTA GA 30319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1995

4. FEI Number  
58-2069813

Applied For  
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip Country

28 Zip Country

4 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name Corporation Service Company  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1201 Hays Street  
84 City Tallahassee FL 85 Zip Code 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME SMITH, JAY R  
STREET ADDRESS 1400 LAKE HEARN DRIVE, NE  
CITY-ST-ZIP ATLANTA GA 30319

TITLE DV ☐ DELETE

NAME COOPER, BRIAN G  
STREET ADDRESS 1 400 LAKE HEARN DR  
CITY-ST-ZIP ATLANTA GA 30319

TITLE DS ☐ DELETE

NAME MERDEK, ANDREW A  
STREET ADDRESS 1400 LAKE HEARN DRIVE, NE  
CITY-ST-ZIP ATLANTA GA 30319

TITLE V ☐ DELETE

NAME BARNETT, PRESTON B  
STREET ADDRESS 1400 LAKE HEARN DRIVE, NE  
CITY-ST-ZIP ATLANTA GA 30319

TITLE V ☒ DELETE

NAME WINTER, PETER M  
STREET ADDRESS 530 MEANS STREET  
CITY-ST-ZIP ATLANTA GA

TITLE T ☐ DELETE

NAME SOLOMON, CHARLES B  
STREET ADDRESS 1400 LAKE HEARN  
CITY-ST-ZIP ATLANTA GA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(i), 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:

Preston B. Barnett  
Vice President - Tax

2/15/99

404-843-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

001282

CR2E034 (11/98)