

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # F95000003827 (1)

1. Corporation Name  
**KR NET VENTURES, INC.**



Principal Place of Business

% KNIGHT-RIDDER, INC.  
ONE HERALD PLAZA  
MIAMI FL 33132

Mailing Address

% KNIGHT-RIDDER, INC.  
ONE HERALD PLAZA  
MIAMI FL 33132-1609

3. Date Incorporated or Qualified  
**08/08/1995**

3a. Date of Last Report  
**06/03/1996**

4. FEI Number  
**65-0644743**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

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 **D** ☐ DELETE  
NAME **RIDDER, P. ANTHONY**  
STREET ADDRESS **ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL**

11 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **CHAPMAN, ALVAH H JR.**  
STREET ADDRESS **% KNIGHT-RIDDER, INC., ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

12 NAME

TITLE **D** ☐ DELETE  
NAME **CONNERS, MARY J**  
STREET ADDRESS **% KNIGHT-RIDDER, INC., ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

13 STREET ADDRESS

TITLE **D** ☐ DELETE  
NAME **FONTAINE, JOHN C**  
STREET ADDRESS **% KNIGHT-RIDDER, INC., ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

14 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **JONES, ROSS**  
STREET ADDRESS **% KNIGHT-RIDDER, INC., ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL**

21 TITLE ☐ Change ☐ Addition

TITLE **D** ☒ DELETE  
NAME **RIDDER, BERNARD H JR.**  
STREET ADDRESS **% KNIGHT-RIDDER, INC., ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

22 NAME

23 STREET ADDRESS

24 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

**Assistant Treasurer  
Brenda Rogers Pryor  
One Herald Plaza  
Miami, FL**

14. I do 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.

**Brenda Rogers Pryor**

305-376-3813

CR2E034 (9/96)