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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90129 004 \*\*\*158.75

DOCUMENT # F95000003827

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/08/1995

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 owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE D ☐ DELETE  
NAME MCCOMAS, FRANK  
STREET ADDRESS % KNIGHT-RIDDER, INC., ONE HERALD PLAZA  
CITY-STATE-ZIP MIAMI FL 33132

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

TITLE AT ☒ DELETE  
NAME PRYOR, BRENDA R  
STREET ADDRESS 1 HERALD PLAZA  
CITY-STATE-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 50 W SAN FERNANDO ST  
14 CITY-STATE-ZIP SAN JOSE, CA 95113

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS 50 W SAN FERNANDO ST  
34 CITY-STATE-ZIP SAN JOSE, CA 95113

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS 50 W SAN FERNANDO ST  
44 CITY-STATE-ZIP SAN JOSE, CA 95113

51 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS 50 W SAN FERNANDO ST  
54 CITY-STATE-ZIP SAN JOSE, CA 95113

61 TITLE ☒ Change ☒ Addition  
62 NAME AUP  
63 STREET ADDRESS HAUSWIRTH, Lynda  
64 CITY-STATE-ZIP 50 W SAN FERNANDO ST  
SAN JOSE, CA 95113

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

Lynda Hauswirth

3/25/99

408-938-7745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0191605