

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90749 035 ***158.75

DOCUMENT # F95000003827

1. Entity Name
KR NET VENTURES, INC.



Principal Place of Business

KNIGHT-RIDDER, INC.
50 W SAN FERNANDO ST
SAN JOSE, CA 95113

Mailing Address

KNIGHT RIDDER TAX
50 W SAN FERNANDO ST, STE 1500
SAN JOSE, CA 95113 US

90123466

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0644743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIDDER, P. ANTHONY	
STREET ADDRESS	60 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, STEVEN I	
STREET ADDRESS	60 W. SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNERS, MARY J	
STREET ADDRESS	60 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	D	<input type="checkbox"/> Delete
NAME	CEPPUS, JEROME	
STREET ADDRESS	60 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	EFFREN, GARY	
STREET ADDRESS	60 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HAUSWIRTH, LYNDA	
STREET ADDRESS	60 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rossi, Steven	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connors, Mary Jean	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFFREN P	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Av	
STREET ADDRESS		
CITY-ST-ZIP		

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

Lynda Hauswirth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

408 938-7700
Daytime Phone #

CH2E034 (10/02)