


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

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005101 (8)**

1. Corporation Name

**SCRIPPS ENTERPRISES, INC.**

Principal Place of Business

**EAGLE HILL FARM, HCR 1, BOX 38  
CHARLOTTESVILLE VA 22901**

Mailing Address

**PO BOX 4588  
CHARLOTTESVILLE VA 22905  
US**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>10/03/1996</b>	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>54-1808620</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23</b>		<b>28</b>			
Zip	Country	Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>		
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				<b>81 Name</b>	
				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
				<b>83</b>	
				<b>84 City</b>	
				<b>FL 85 Zip Code</b>	

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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MORGAN, JACK C</b>	<b>1.2 NAME</b>	<b>Morgan, Jack C.</b>
<b>STREET ADDRESS</b>	<b>1615 2ND STREET</b>	<b>1.3 STREET ADDRESS</b>	<b>1700 Soscol Ave., #2</b>
<b>CITY-ST-ZIP</b>	<b>NAPA CA 94559</b>	<b>1.4 CITY-ST-ZIP</b>	<b>Napa, CA 94559</b>
<b>TITLE</b>	<b>VS</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ROBBINS, GREGORY</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>EAGLE HILL FARM, HCR 1, BOX 38</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CHARLOTTESVILLE VA 22901</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>ACS</b> <input checked="" type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<b>ACS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>PATTON, ANN M</b>	<b>3.2 NAME</b>	<b>Ahalt, Frederick W.</b>
<b>STREET ADDRESS</b>	<b>EAGLE HILL FARM, HCR 1, BOX 38</b>	<b>3.3 STREET ADDRESS</b>	<b>Eagle Hill Farm, HCR 1, Box 38</b>
<b>CITY-ST-ZIP</b>	<b>CHARLOTTESVILLE VA 22901</b>	<b>3.4 CITY-ST-ZIP</b>	<b>Charlottesville, VA 22901</b>
<b>TITLE</b>	<b>CDT</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SCRIPPS, BETTY K</b>	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>EAGLE HILL FARM, HCR 1, BOX 38</b>	<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CHARLOTTESVILLE VA 22901</b>	<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MICHAELS, EUGEN C</b>	<b>5.2 NAME</b>	<b>Michaels, Eugene C.</b>
<b>STREET ADDRESS</b>	<b>EAGLE HILL FRM, HCR1, BOX 38</b>	<b>5.3 STREET ADDRESS</b>	<b>Eagle Hill Farm, HCR 1, Box 38</b>
<b>CITY-ST-ZIP</b>	<b>CHARLOTTESVILLE VA</b>	<b>5.4 CITY-ST-ZIP</b>	<b>Charlottesville, VA 22901</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

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.

SIGNATURE:

**SIGNATURE REQUIRED**

Gregory A. Robbins

1/7/98

(804) 973-3345

CR2E034 (10/97)