

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005101

FILED
Jan 07, 2008
Secretary of State

Entity Name: SCRIPPS ENTERPRISES, INC.

Current Principal Place of Business:

941 GLENWOOD STATION LANE
SUITE 302
CHARLOTTESVILLE, VA 22901

New Principal Place of Business:

Current Mailing Address:

PO BOX 4588
CHARLOTTESVILLE, VA 22905 US

New Mailing Address:

FEI Number: 54-1808620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGAN, JACK C
Address: 2436 FOOTHILL BLVD., SUITE H
City-St-Zip: CALISTOGA, CA 94515

Title: VS () Delete
Name: ROBBINS, GREGORY A
Address: 941 GLENWOOD STATION LANE
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: CDT () Delete
Name: SCRIPPS, BETTY K
Address: 941 GLENWOOD STATION LANE
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORGAN, JACK C
Address: 2436 FOOTHILL BLVD., SUITE H
City-St-Zip: CALISTOGA, CA 94515 US

Title: VP/S (X) Change () Addition
Name: ROBBINS, GREGORY A
Address: 941 GLENWOOD STATION LANE
City-St-Zip: CHARLOTTESVILLE, VA 22901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CDT (X) Change () Addition
Name: SCRIPPS, BETTY K
Address: 69 MIDDLE LANE
City-St-Zip: EAST HAMPTON, NY 11937 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY A. ROBBINS

VP/S

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date