


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90219 023 ***150.00

DOCUMENT # F98000007106 1. Entity Name CAPE PUBLICATIONS, INC.					
Principal Place of Business ONE GANNETT PLAZA MELBOURNE, FL 32940			Mailing Address 7950 JONES BRANCH DRIVE MCLEAN, VA 22101		
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 61-0265020	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORKINDALE, DOUGLAS H		NAME		
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, GARY L		NAME		
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, MICHAEL J		NAME		
STREET ADDRESS	ONE GANNETT PLAZA		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPPLE, THOMAS L		NAME	Todd A. Mayman	
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTORE, GRACIA C		NAME	Michael A. Hart	
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALDWIN, CHRISTOPHER W		NAME		
STREET ADDRESS	7950 JONES BRANCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22107		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: Todd Mayman		Todd Mayman 4/22/04 (703) 874-6000 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			