PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800007109

1. Corporation Name

SOUTHLAND PUBLISHING COMPANY**

GANNETT GEORGIA PUBLISHING, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90014 027 ***150.00



2. Principal Piace of Business 2a. Malling Address 4. FEE Number Applies For Not Applies For	Principal Plac	Mailing Address	9\$\$						
December									
2. Principal Place of Business 2a. Malling Address 4. FET Number Applies For 14cd Applicable Suite, Apil 8, etc. 5. Certificate of Status Desired 56. February 56. Febru							DO NOT WRITE IN THIS SPACE		
2. Principal Pioce of Business 2. Am Mainly Address 2. Am Mainly Am	Pensacola, FL 32501 Arlington, VA 2223			34					
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Personal a FL 28	Suite, Apt.	#, etc.				5. Certificate of Status Desired			
23 Pensaco Page	City & State City & State					6. Election Campaign Financing	5.00 N	/lay Be	
32501	Pensacola, FL 28 Arlington, VA					Trust Fund Contribution	Added to	Fees	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes. 14. 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, and familiar vilin, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lipsed or printed name of registered agent and till a registered. SIGNATURE C D CFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE C D CIRLEY, JOHN J 12. NAME C URLEY, JOHN J 10. WILSON BLVD 11. STREET ADDRESS MCCORKINDALE, DOUGLAS H STREET ADDRESS MCCORKINDA	— ^{Zip} 32501	Country	Zio 22234 —	_ `	′			٦	
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PLANTATION FL 33324 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 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, and accept the obligations of, Section 607.6505. Plorida Statutes SIGNATURE Signature, Types or printed name or registered agent and atter inequired agent and atter inequired agent and attering in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 607.6505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D				82	Street	Address (P.O. Box Number is Not Acceptable)			
### Page 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, and familiar with, and accept the obligations of, Section 607/5056, Florida Statutes. ### Signature, Typest or printed have of implicated agent and tibe # applicable. [MOTE Registered Agent signature required when reinstating)				-	<u> </u>				
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		MARTORE, GRACIA C		6.2 NAME					

CITY-ST-ZIP 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS 1100 WILSON BLVD

ARLINGTON VA 22234

SIGNATURE: Christopher, W. Baldwin/Assistant Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(703) 284-6000-