2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# F99000002059

Entity Name: VS PUBLISHING COMPANY

Current Principal Place of Business:

7517 CURRENCY DRIVE
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

C/O RECORD-JOURNAL
11 CROWN ST.
MERIDEN, CT 06450

New Mailing Address:

FEI Number: 06-1543461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: WHITE, ELIOT C
Address: 11 CROWN STREET
City-St-Zip: MERIDEN, CT 06450

Title: SR V ( ) Delete
Name: AUSANKA, JOHN J III
Address: 11 CROWN STREET
City-St-Zip: MERIDEN, CT 06450

Title: S ( ) Delete
Name: MUSCHINSKY, ALISON W
Address: 11 CROWN STREET
City-St-Zip: MERIDEN, CT 06450

Title: CEO ( ) Delete
Name: RYAN, TIMOTHY
Address: 11 CROWN STREET
City-St-Zip: MERIDEN, CT 06450

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P ( ) Change (X) Addition
Name: PRANIEWICZ, KIMBERLY
Address: 7517 CURRENCY DRIVE
City-St-Zip: ORLANDO, FL 32811 US

Title: V ( ) Change (X) Addition
Name: LANICH-LUTHER, STEPHANIE
Address: 7517 CURRENCY DRIVE
City-St-Zip: ORLANDO, FL 32811 US

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: ALISON W. MUSCHINSKY S 01/29/2009

Electronic Signature of Signing Officer or Director — Date