2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003403

1. Entity Name
APP NEW JERSEY PUBLISHING CO., INC.

Principal Place of Business	Mailing Address
ONE GANNETT PLAZA MELBOURNE, FL 32940	ONE GANNETT PLAZA MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
54-1947986

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000064489
02/24/04-80015-001 600.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLEMAN, MICHAEL J
STREET ADDRESS	ONE GANNETT PLAZA
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	C
NAME	KLINK, BRUCE
STREET ADDRESS	ONE GANNETT PLAZA
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	S
NAME	CHAPPLE, THOMAS L
STREET ADDRESS	1100 WILSON BOULEVARD
CITY-ST-ZIP	ARLINGTON, VA 22234
TITLE	T
NAME	MARTORE, GRACIA C
STREET ADDRESS	1100 WILSON BOULEVARD
CITY-ST-ZIP	ARLINGTON, VA 22234
TITLE	AT
NAME	BALDWIN, CHRISTOPHER W
STREET ADDRESS	1100 WILSON BOULEVARD
CITY-ST-ZIP	ARLINGTON, VA 22234
TITLE	D
NAME	WATSON, GARY L
STREET ADDRESS	7950 JONES BRANCH RD
CITY-ST-ZIP	MCLEAN, VA 22107

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #