


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # F99000003404**  
 1. Entity Name  
**GANSAT NEW JERSEY PUBLISHING CO., INC.**



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

**DO NOT WRITE IN THIS SPACE**



01222004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**54-1947984**       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**

**DO NOT WRITE IN THIS SPACE**

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

**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

000000064488  
 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       |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *M. Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #