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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J72898

(6)

1. Corporation Name
SARASOTA HERALD TRIBUNE CO.



Principal Place of Business:

801 S. TAMiami TRAIL
SARASOTA FL 33578
US

Mailing Address

C/O LEGAL DEPT.
229 W. 43RD ST
NEW YORK NY 10036-3913
US

3. Date Incorporated or Qualified
05/15/1987

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number
59-2807571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEEKS, JAMES	
STREET ADDRESS	3414 PEACHTREE N.E. #1560	
CITY - ST - ZIP	ATLANTA GA 30326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARROW, KATHARINE P	
STREET ADDRESS	229 WEST 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GORHAM, DAVID, L	
STREET ADDRESS	229 W 43RD ST	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORWIN, LAURA J.	
STREET ADDRESS	229 W 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RICHARD G.	
STREET ADDRESS	229 W. 43RD STREET	
CITY - ST - ZIP	NEW YORK NY 10036	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MATTHEWS, LYNN, O	
STREET ADDRESS	801 SOUTH TAMiami TRAIL	
CITY - ST - ZIP	SARASOTA FL 33578	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John O'Brien
3.3 STREET ADDRESS	229 W 43rd ST
3.4 CITY - ST - ZIP	NEW YORK NY 10036
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Diane P. Baker
5.3 STREET ADDRESS	229 W 43rd ST
5.4 CITY - ST - ZIP	NEW YORK, NY 10036
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Rhonda L. Brauer

212 556 7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)

Sarasota Herald Tribune Co.

Additional Officer:

Assistant Secretary
Rhonda L. Brauer
229 W. 43rd Street
New York, NY 10036