2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027773

1. Entity Name
SCRIPPS SANFORD HERALD, LLC

FILED
03 MAY 15 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2431 ALOMA AVENUE, SUITE 136 WINTER PARK, FL 32792	2431 ALOMA AVENUE, SUITE 136 WINTER PARK, FL 32792

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1530 Grove Terrace		1530 Grove Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Winter Park, FL		City & State: Winter Park, FL	
Zip: 32789	Country: USA	Zip: 32789	Country: USA

4. FEI Number: 37-1454169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HADLEY, RALPH V III 1031 W. MORSE BLVD., SUITE 160 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

[illegible]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SCRIPPS, BARRY H	NAME	
STREET ADDRESS	2431 ALOMA AVENUE, SUITE 136	STREET ADDRESS	1530 Grove Terrace
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP	Winter Park, FL 32789
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	100019077311
STREET ADDRESS		STREET ADDRESS	05/15/03--01035--003 **50.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E063 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Barry H Scripps 5/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #