


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000031434 1. Entity Name SCRIPPS ZEPHYRHILLS NEWS, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 1530 GROVE TERRACE WINTER PARK, FL 32789 | Mailing Address 1530 GROVE TERRACE WINTER PARK, FL 32789 |
|--|--|

DO NOT WRITE IN THIS SPACE



04132004No Chg-LLC

CR2E083 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 37-1454169 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---|

| |
|---|
| 5. Name and Address of Current Registered Agent HADLEY, RALPH V III C/O SWANN & HADLEY, P.A. 1031 WEST MORSE BLVD., SUITE 160 WINTER PARK, FL 32789 |
|---|

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

**Filing Fee is \$50.00
Due by May 1, 2004**

UD00000141526
04/30/04-80013-011 55.00

| 2. MANAGING MEMBERS/MANAGERS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | MGR SCRIPPS, BARRY H 1530 GROVE TERRACE WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/23/04 813-782-1558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone