2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #L02000031434

1. Entity Name
SCRIPPS ZEPHYRHILLS NEWS, LLC

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

4/18 ☒ 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: U.S.A.	Zip: 32789 Country: U.S.A.

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 C/O SWANN & HADLEY, P.A. 1031 WEST 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 _____ DATE

FILE NOW! FEE IS DUE
Check Payable to Florida Department of State
Due Date: April 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCRIPPS, BARRY H 2431 ALOMA AVENUE, SUITE 136 WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Scripps, Barry H. 1530 Grove Terrace Winter Park, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (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: Barry H. Scripps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #