

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093580

FILED
Feb 11, 2005
Secretary of State

Entity Name: BISCAYNE BAY PUBLISHING, INC.

Current Principal Place of Business:

ONE HERALD PLAZA
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

KNIGHT RIDDER - ATTN: TAX DEPT.
50 WEST SAN FERNANDO ST. STE 1200
SAN JOSE, CA 95113

New Mailing Address:

FEI Number: 65-1051521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AV () Delete
Name: HAUSWIRTH, LYNDA
Address: 50 WEST SAN FERNANDO ST. STE 1200
City-St-Zip: SAN JOSE, CA 95113

Title: S () Delete
Name: LAFFOON, POLK
Address: 50 WEST SAN FERNANDO ST. STE 1500
City-St-Zip: SAN JOSE, CA 95113

Title: D () Delete
Name: CEPPOS, JEROME
Address: 50 WEST SAN FERNANDO ST. STE 1500
City-St-Zip: SAN JOSE, CA 95113

Title: D () Delete
Name: CONNORS, MARY JEAN
Address: 50 WEST SAN FERNANDO ST. STE 1500
City-St-Zip: SAN JOSE, CA 95113

Title: V () Delete
Name: CALLAHUAZO, PATRICIA
Address: ONE HERALD PLAZA
City-St-Zip: MIAMI, FL 33130

Title: P () Delete
Name: SOPER, WILLARD
Address: ONE HERALD PLAZA
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CALLAHOUZA, PATRICIA
Address: ONE HERALD PLAZA
City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA HAUSWIRTH

Electronic Signature of Signing Officer or Director

AV

02/11/2005

Date