

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92194 019 ***150.00

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1. Entity Name
BISCAYNE BAY PUBLISHING, INC.



Principal Place of Business
**ONE HERALD PLAZA
MIAMI, FL 33130**

Mailing Address
**KNIGHT RIDDER - ATTN: TAX DEPT.
50 WEST SAN FERNANDO ST.
SAN JOSE, CA 95113**

00146010



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1051521

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	AVP	<input type="checkbox"/> Delete
NAME	HAUSWIRTH, LYNDA	
STREET ADDRESS	60 WEST SAN FERNANDO ST.	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAFFOON, POLK	
STREET ADDRESS	60 WEST SAN FERNANDO ST.	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	D	<input type="checkbox"/> Delete
NAME	CEPPPOS, JEROME	
STREET ADDRESS	60 WEST SAN FERNANDO ST.	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNORS, MARY JEAN	
STREET ADDRESS	60 WEST SAN FERNANDO ST.	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE	COO	<input type="checkbox"/> Delete
NAME	CALLAHUAZO, PATRICIA	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	IBARGUEN, ALBERTO	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI, FL 33130	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willard Soper	
STREET ADDRESS	One Herald Plaza	
CITY-ST-ZIP	Miami FL 33132	

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynda Hauswirth
Lynda Hauswirth

4/28/03

408 938 7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)