


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90041 040 \*\*\*150.00

<b>DOCUMENT # P00000116121</b>	
1. Entity Name <b>SUNTIMES NEWSPAPER GROUP, INC.</b>	

Principal Place of Business <b>317 N. COLLIER BLVD. STE. 202 MARCO ISLAND, FL 34145</b>	Mailing Address <b>317 N. COLLIER BLVD. STE. 202 MARCO ISLAND, FL 34145</b>
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40002011



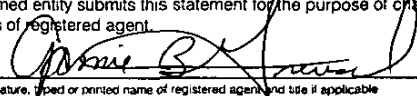
2. Principal Place of Business <b>1857 San Marco Rd.</b>	3. Mailing Address <b>1104 North Collier Blvd.</b>
Suite, Apt. #, etc. <b>#C-216</b>	Suite, Apt. #, etc.

01082005 Chg-P CR2E034 (10/03)

City & State <b>Marco Island, FL</b>	City & State <b>Marco Island, FL 34145</b>
Zip <b>34145</b>	Country <b>USA</b>

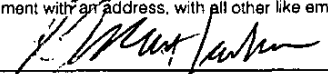
4. FEI Number <b>59-3689879</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEBSTER, RONALD S 985 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145</b>	
7. Name and Address of New Registered Agent Name <b>Jamie B. Greusel</b> Street Address (P.O. Box Number is Not Acceptable) <b>1104 North Collier Blvd.</b> City <b>Marco Island</b> FL Zip Code <b>34145</b>	

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 	<b>Jamie B Greusel</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>1/10/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<b>LAWSON, JAMES A</b> <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>5640 12TH AVENUE</b>		NAME	
STREET ADDRESS <b>NAPLES, FL 34116</b>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>ST</b>	<b>TEKUS, MARY T</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>1170 MARTINIQUE COURT</b>		NAME	
STREET ADDRESS <b>MARCO ISLAND, FL 34145</b>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>V</b>	<b>ROSEBOOM, JOHN M</b> <input type="checkbox"/> Delete	TITLE <b>P/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>1829 WATSON ROAD</b>		NAME	
STREET ADDRESS <b>MARCO ISLAND, FL 34145</b>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	<b>1-10-05 234-394-4050</b> Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	