

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108413

Entity Name: SATURDAY NEWSGROUP, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

10305 NE 2 AVE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

10305 NE 2 AVE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 11-3673639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUMFORD, BOBBIE R
10305 NE 2 AVE
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

PORTER, JODI A
10305 NE 2 AVE
MIAMI, FL 33138 US

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: JODI A PORTER

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PORTER, JODI A
Address: 16759 NW 15 ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: WATSON, BONNIE D
Address: 6240 WEST 3RD ST #2-225
City-St-Zip: LOS ANGELES, CA 90036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PORTER, JODI A
Address: 10305 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33138

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 Chapter 119, 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: JODI A PORTER

PST

04/28/2006

Electronic Signature of Signing Officer or Director

Date