FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:38

DOCUMENT # **P15161** **(3)**

1. Corporation Name

FREEDOM NEWSPAPERS, INC.

Principal Place of Business	Mailing Address
17666 FITCH IRVINE CA 92714	17666 FITCH IRVINE CA 92714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-1140750	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

TAGGART, KAREN
501 W 11 ST
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	HARDIE, ROBERT C.	12 NAME	
STREET ADDRESS	BALD MOUNTAIN RD	13 STREET ADDRESS	
CITY-ST-ZIP	BROWNS VALLEY CA	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ROSSE, J. N.	22 NAME	
STREET ADDRESS	17666 FITCH	23 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	THRESHIE, R. DAVID	32 NAME	
STREET ADDRESS	625 N. GRAND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SEGAL, JONATHAN	42 NAME	
STREET ADDRESS	17666 FITCH	43 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	KUYKENDALL, D. L.	52 NAME	
STREET ADDRESS	17666 FITCH	53 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	WALLACE, RICHARD A.	62 NAME	
STREET ADDRESS	11792 LOMA LINDA WAY	63 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David L. Kuykendall
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

David L. Kuykendall VP & CFO 714-553-9292
Title / Telephone Number

3-12-95
Date