

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S09124

FILED
Jul 03, 2003
Secretary of State

Entity Name: THE HERALD PUBLISHING COMPANY, INC.

Current Principal Place of Business:

P.O. BOX 14375
GAINESVILLE, FL 32604

New Principal Place of Business:

P.O. BOX 14375
GAINESVILLE, FL 32604 US

Current Mailing Address:

P.O. BOX 14375
GAINESVILLE, FL 32604

New Mailing Address:

P.O. BOX 14375
GAINESVILLE, FL 32604 US

FEI Number: 59-3037681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARBER, C.E.
1105 W. UNIVERSITY AVE
GAINESVILLE, FL 32601

Name and Address of New Registered Agent:

BARBER, C.E.
1105 W. UNIVERSITY AVE
GAINESVILLE, FL 32601 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:

07/03/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BARBER, C. E.,
Address: 1105 W. UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: ALEXANDER, LAURENCE
Address: 1105 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: BARBER, CHARLES E MR
Address: 1105 W. UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D (X) Change () Addition
Name: ALEXANDER, LAURENCE MR
Address: 1105 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601 US

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: CHARLES E.BARBER

PST

07/03/2003

Electronic Signature of Signing Officer or Director

Date