Current Mailing Address:

FEI Number: 26-1226448

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| | Title | CEO | Title | DIR |
|--|-----------------|-----------------------------|-----------------|-----------------------------|
| | Name | REED, MICHAEL E | Name | REED, MICHAEL E |
| | Address | 350 WILLOWBROOK OFFICE PARK | Address | 350 WILLOWBROOK OFFICE PARK |
| | City-State-Zip: | FAIRPORT NY 14450 | City-State-Zip: | FAIRPORT NY 14450 |
| | | | | |
| | Title | DIR | Title | DIR |
| | Name | DAVIS, KIRK A | Name | JANIK, MELINDA A |
| | Address | 350 WILLOWBROOK OFFICE PARK | Address | 350 WILLOWBROOK OFFICE PARK |
| | City-State-Zip: | FAIRPORT NY 14450 | City-State-Zip: | FAIRPORT NY 14450 |
| | | | | |
| | Title | GEN | | |
| | Name | SACK, POLLY GRUNFELD | | |
| | Address | 350 WILLOWBROOK OFFICE PARK | | |
| | City-State-Zip: | FAIRPORT NY 14450 | | |
| | | | | |

I hereby 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 all other like empowered.

SIGNATURE: POLLY GRUNFELD SACK

SECRETARY

03/19/2014

Current Principal Place of Business:

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: GATEHOUSE MEDIA FLORIDA HOLDINGS, INC.

350 WILLOWBROOK OFFICE PARK FAIRPORT, NY 14450

DOCUMENT# F07000005007

350 WILLOWBROOK OFFICE PARK FAIRPORT, NY 14450

Certificate of Status Desired: No

FILED Mar 19, 2014 Secretary of State CC1161321941

Date

Electronic Signature of Signing Officer/Director Detail

Date