

1.) CORPORATION NAME:

RELIGION NEWSWRITERS ASSOCIATION

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEFFERY L SHELER
408 WASHINGTON STREET
PORTSMOUTH, VA**

SCC ID NO: **02825966**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PORTSMOUTH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 408 WASHINGTON STREET

CITY/ST/ZIP: PORTSMOUTH, VA 23704

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BOB SMJETANA TITLE: PRESIDENT ADDRESS: 1100 BROADWAY CITY/ST/ZIP/CO: NASHVILLE, TN 37203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ABE LEVY TITLE: VICE PRESIDENT ADDRESS: SAN ANTONIO EXPRESS-NEWS 301 AVE E CITY/ST/ZIP/CO: SAN ANTONIO, TX 78205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MANYA BRACHEAR TITLE: VICE PRESIDENT ADDRESS: 435 N. MICHIGAN AVE. CITY/ST/ZIP/CO: CHICAGO, IL 60611	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAWEED KALEEM TITLE: TREASURER ADDRESS: 770 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10003	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANSLEY ROAN TITLE: SECRETARY ADDRESS: 300 W. 110TH ST. APT. 15K CITY/ST/ZIP/CO: NEW YORK, NY 10026	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAY CAMPBELL TITLE: DIRECTOR ADDRESS: 2317 MEMORIAL PARKWAY SE CITY/ST/ZIP/CO: HUNTSVILLE, AL 35801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JEFFREY DIAMANT TITLE: DIRECTOR ADDRESS: 215 ADAMS ST. CITY/ST/ZIP/CO: BROOKLYN, NY 11201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER SMITH TITLE: DIRECTOR ADDRESS: 1814 EDGELAND AVE CITY/ST/ZIP/CO: LOUISVILLE, KY 40204	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: AMY WHITE TITLE: DIRECTOR ADDRESS: 11 E. PACKER AVE. CITY/ST/ZIP/CO: BETHLEHEM, PA 18015	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ BOB SMIETANA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BOB SMIETANA, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/5/2015 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		