

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90036 046 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 338740

1. Corporation Name
TALLAHASSEE COMMUNICATIONS, INC.



Principal Place of Business
 234 BLOUNSTOWN HWY
 BLOUNSTOWN HWY. AT PENSACOLA ST.
 TALLAHASSEE FL 32304
 US

Mailing Address
 P O BOX 20305
 BLOUNSTOWN HWY. AT PENSACOLA ST.
 TALLAHASSEE FL 32316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
12/10/1968

4. FEI Number
59-1225450 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIVINGSTON, CHARLES C SR.
 RT 5 BOX 260 N/A
 QUINCY FL 32351

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	
TITLE	D <input type="checkbox"/> DELETE
NAME	LIVINGSTON, CHARLES C SR.
STREET ADDRESS	RT 5 BOX 260
CITY-ST-ZIP	QUINCY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LIVINGSTON, JUDITH A
STREET ADDRESS	RT 5 BOX 260
CITY-ST-ZIP	QUINCY FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	LIVINGSTON, JUDITH A
STREET ADDRESS	RT 5 BOX 260
CITY-ST-ZIP	QUINCY FL
TITLE	P <input type="checkbox"/> DELETE
NAME	LIVINGSTON, CHARLES C SR
STREET ADDRESS	RT 5 BOX 260 N/A
CITY-ST-ZIP	QUINCY FL
TITLE	CFO <input type="checkbox"/> DELETE
NAME	SWEENEY, TRACY MICHELLE
STREET ADDRESS	7099 CALICO COURT
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CFO Sweeney, Tracy Michelle
5.3 STREET ADDRESS	7099 Calico Circle
5.4 CITY-ST-ZIP	Tallahassee, FL 32303
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE: *[Signature]* 3/29/99 850.576-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)