## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # 338740 May 23, 2000 8:00 am Secretary of State TALLAHASSEE COMMUNICATIONS, INC. 05-23-2000 90193 033 \*\*\*158.75 Principal Place of Business Mailing Address 234 BLOUNSTOWN HWY P O BOX 20305 BLOUNTSTOWN HWY. AT PENSACOLA ST. BLOUNTSTOWN HWY. AT PENSACOLA ST. TALLAHASSEE FL 32304 TALLAHASSEE FLA 32316-0305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1225450 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIVINGSTON, CHARLES C SR. Street Address (P.O. Box Number is Not Acceptable) RT 5 BOX 260 N/A QUINCY FL 32351 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE TITLE LIVINGSTON, CHARLES C SR. NAME NAME RT 5 BOX 260 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUINCY FL ☐ Addition ☐ Change TITLE ☐ Delete LIVINGSTON, JUDITH A NAME NAME STREET ADDRESS RT 5 BOX 260 STREET ADDRESS CITY-ST-ZIP QUINCY FL . CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LIVINGSTON, JUDITH A NAME STREET ADDRESS RT 5 BOX 260 STREET ADDRESS CITY-ST-ZIP **QUINCY FL** CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete NAME LIVINGSTON, CHARLES C SR NAME RT 5 BOX 260 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QUINCY FL CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE SWEENEY, TRACY MICHELLE NAME NAME STREET ADDRESS 7099 CALLICO COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.