

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90193 033 \*\*\*158.75

**DOCUMENT # 338740**

1. Entity Name

**TALLAHASSEE COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

234 BLOUNTSTOWN HWY  
 BLOUNTSTOWN HWY. AT PENSACOLA ST.  
 TALLAHASSEE FL 32304  
 US

P O BOX 20305  
 BLOUNTSTOWN HWY. AT PENSACOLA ST.  
 TALLAHASSEE FLA 32316-0305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1225450**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>D</b> <b>LIVINGSTON, CHARLES C SR.</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>RT 5 BOX 260</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL</b>	CITY-ST-ZIP	
	<b>D</b> <b>LIVINGSTON, JUDITH A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>RT 5 BOX 260</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL</b>	CITY-ST-ZIP	
	<b>ST.</b> <b>LIVINGSTON, JUDITH A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>RT 5 BOX 260</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL</b>	CITY-ST-ZIP	
	<b>P</b> <b>LIVINGSTON, CHARLES C SR</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>RT 5 BOX 260 N/A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL</b>	CITY-ST-ZIP	
	<b>CFO</b> <b>SWEENEY, TRACY MICHELLE</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7099 CALICO COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/00

576-7113

Date

Daytime Phone #

CR2E034 (9/99)