

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90069 021 \*\*\*158.75

**DOCUMENT # 338740**

1. Entity Name  
**TALLAHASSEE COMMUNICATIONS, INC.**

**00019880**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 234 BLOUNTSTOWN HWY BLOUNTSTOWN HWY. AT PENSACOLA ST. TALLAHASSEE FL 32304 US		Mailing Address P O BOX 20305 BLOUNTSTOWN HWY. AT PENSACOLA ST. TALLAHASSEE FLA 32316	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>59-1225450</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LIVINGSTON, CHARLES C SR. RT 5 BOX 260 N/A QUINCY FL 32351</b>		7. Name and Address of New Registered Agent Name: <b>Charles C. Livingston Sr.</b> Street Address (P.O. Box Number Not Acceptable): <b>1494 Spitz Farm Rd.</b> City: <b>Quincy</b> FL <b>32352</b>	
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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: *Charles C. Livingston Sr.* **President** DATE: **2-16-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b> NAME: <b>LIVINGSTON, CHARLES C SR.</b> STREET ADDRESS: <b>RT 5 BOX 260</b> CITY-ST-ZIP: <b>QUINCY FL</b>	<input type="checkbox"/> Delete	TITLE: <b>Charles C. Livingston Sr.</b> NAME: <b>Charles C. Livingston Sr.</b> STREET ADDRESS: <b>1494 Spitz Farm Rd.</b> CITY-ST-ZIP: <b>Quincy, FL 32352</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>LIVINGSTON, JUDITH A</b> STREET ADDRESS: <b>RT 5 BOX 260</b> CITY-ST-ZIP: <b>QUINCY FL</b>	<input type="checkbox"/> Delete	TITLE: <b>Judith A. Livingston</b> NAME: <b>Judith A. Livingston</b> STREET ADDRESS: <b>1494 Spitz Farm Rd.</b> CITY-ST-ZIP: <b>Quincy, FL 32352</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>ST</b> NAME: <b>LIVINGSTON, JUDITH A</b> STREET ADDRESS: <b>RT 5 BOX 260</b> CITY-ST-ZIP: <b>QUINCY FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>P</b> NAME: <b>LIVINGSTON, CHARLES C SR</b> STREET ADDRESS: <b>RT 5 BOX 260 N/A</b> CITY-ST-ZIP: <b>QUINCY FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>CFO</b> NAME: <b>SWEENEY, TRACY MICHELLE</b> STREET ADDRESS: <b>7099 CALICO COURT</b> CITY-ST-ZIP: <b>TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete	TITLE: <b>Tracy Michelle Sweeney</b> NAME: <b>Tracy Michelle Sweeney</b> STREET ADDRESS: <b>3927 Forsythe Way</b> CITY-ST-ZIP: <b>Tallahassee, FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Day</b> NAME: <b>158.75</b> STREET ADDRESS: <b>900600</b> CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michelle Sweeney* DATE: **2/16/01** DAYTIME PHONE #: **850-576-7113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)