

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91220 031 ***158.75

DOCUMENT # 338740

1. Entity Name
TALLAHASSEE COMMUNICATIONS, INC.

361620



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
234 Blountstown Hwy

3. Mailing Address
PO Box 20305

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee, FL

Zip
32304

Country
USA

Zip
32316

Country
USA

4. FEI Number **59-1225450** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LIVINGSTON, CHARLES C SR.
1494 SPITZ FARM RD
QUINCY FL 32352

7. Name and Address of New Registered Agent

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 _____ DATE _____
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LIVINGSTON, CHARLES C SR.	
STREET ADDRESS	1494 SPITZ FARM RD	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LIVINGSTON, JUDITH A	
STREET ADDRESS	1494 SPITZ FARM RD	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SWEENEY, TRACY MICHELLE	
STREET ADDRESS	3927 FORSYTHE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sweeney Tracy Michelle	
STREET ADDRESS	6252 Shady Rest Rd.	
CITY-ST-ZIP	Havana, FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Tracy Michelle Sweeney* **4/29/02** **576-7113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)