


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 08:00-AM**  
**Secretary of State**

DOCUMENT # 338740 1. Entity Name TALLAHASSEE COMMUNICATIONS, INC.	
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Principal Place of Business 234 BLOUNSTOWN HWY TALLAHASSEE, FL 32304 US	Mailing Address P O BOX 20305 TALLAHASSEE, FL 32316
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02242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  LIVINGSTON, CHARLES C SR. 1494 SPITZ FARM RD QUINCY, FL 32352
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**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000451257 03/10/06-80047-005 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIVINGSTON, CHARLES C SR. 1494 SPITZ FARM RD QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LIVINGSTON, JUDITH A 1494 SPITZ FARM RD QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SWEENEY, TRACY MICHELLE 8981 EAGLES RIDGE DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Michelle Sweeney** 2/23/06 858-576-7113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #