

2001 UNIFORM BUSINESS REPORT (UBR)

UUC: 39 AF

DOCUMENT # L95000000180

1. Entity Name
FLORIDA'S NEWS CHANNEL L.C.

Principal Place of Business: **1801 HALSTEAD BLVD TALLAHASSEE FL 32308**

Mailing Address: **1801 HALSTEAD BLVD TALLAHASSEE FL 32308**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

FILED
01 APR 20 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3299167** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**JOHNSON, LORAN A
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name **PHIPPS VENTURES, INC.**
Street Address (P.O. Box Number is Not Acceptable) **3110 CAPITAL CIRCLE, NE**
City **TALLAHASSEE** FL Zip Code **32308**

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 By: Doreen Wilder, VP DATE 4/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|---|--|---|--|
| TITLE NAME MGR BRILLANTE, ROBERT J | <input checked="" type="checkbox"/> Delete | TITLE NAME MGR PHIPPS VENTURES, INC. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1801 HALSTEAD BLVD. | | STREET ADDRESS 3110 CAPITAL CIRCLE, NE | |
| CITY-ST-ZIP TALLAHASSEE FL 32312 | | CITY-ST-ZIP TALLAHASSEE, FL 32308 | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: By: Doreen Wilder, VP DATE 4/17/01 850-297-6086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)