

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90151 036 ***150.00

DOCUMENT # F00000002705

1. Entity Name
SOUTHERN LIVING, INC.



Principal Place of Business
**2100 LAKESHORE DRIVE
BIRMINGHAM AL 35209**

Mailing Address
**2100 LAKESHORE DRIVE
TAX MANAGER
BIRMINGHAM AL 35209**



☐ CHECK HERE IF MAKING CHANGES

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 63-0515956		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	ANGELILLO, TOM	
STREET ADDRESS	2100 LAKESHORE DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	KELLER, JEANETTA	
STREET ADDRESS	2100 LAKESHORE DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, SCOTT	
STREET ADDRESS	2100 LAKESHORE DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE	S	<input type="checkbox"/> Delete
NAME	REILLY, SALLY S	
STREET ADDRESS	2100 LAKESHORE DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE	TV	<input type="checkbox"/> Delete
NAME	LARSON, BRUCE	
STREET ADDRESS	2100 LAKESHORE DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	<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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

Daytime Phone #

CR2E034 (10/02)