2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State
06-27-2002 90184 004 ***150.00

DOCUMENT # F01000002112

1. Entity Name
STATON BROADCASTING, INC.

Principal Place of Business	Mailing Address
2911 LONG AVENUE PORT ST. JOE FL 32456	P.O. BOX 1005 PORT ST. JOE FL 32457

DO NOT WRITE IN THIS SPACE

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 58-2585841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRICE, KEVIN A
2911 LONG AVENUE
PORT ST. JOE FL 32456

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSCD STATON, CECIL P JR. 6316 PEAKE ROAD MACON GA 31210	☐ Delete	Business Sold as of May 1, 2002 to	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STATON, CATHERINE D 6316 PEAKE ROAD MACON GA 31210	☐ Delete	Williams Communications same address for	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	station - also Williams Communications POBox 215 Centre AL 35960 256-523-1059	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE _____ 4-28-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
E01000002112
118639

STATON BROADCASTING INC.
6316 PEAKE ROAD
MACON, GA 31210

BRANCH BANKING AND TRUST COMPANY
MACON, GEORGIA 31297
64-1341/611

1346

[redacted] 1346

*************One Hundred Fifty & 00/100 Dollars

DATE 04/30/02

AMOUNT ********150.00

PAY TO THE ORDER OF

Department of Revenue
Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500

AUTHORIZED SIGNATURE

⑈001346⑈ ⑆061113415⑆5145009504⑈