

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90291 011 \*\*\*150.00

**DOCUMENT # F02000004760**

1. Entity Name  
**EAST MISSISSIPPI BROADCASTERS, INC.**



Principal Place of Business  
**3436 HIGHWAY 45 NORTH  
MERIDIAN MS 39301**

Mailing Address  
**PO BOX 5797  
MERIDIAN MS 39302-5797**

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 **64-0825774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**EDMISTON, GEORGIA  
225 NW HOLLYWOOD BLVD.  
FT. WALTON BEACH FL 32549-2347**

## 7. Name and Address of New Registered Agent

Name

**Edmiston, Georgia**

Street Address (P.O. Box Number is Not Acceptable)

**438 Emerald Point Drive**

City

**Mary Esther**

FL

Zip Code

**32569**

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 **X Georgia R Edmiston**

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

(NOTE: Registered Agent signature required when reinstating)

**4/22/03**

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	CPV	<input type="checkbox"/> Delete
NAME	HOLLADAY, CLAY E	
STREET ADDRESS	PO BOX 5797	
CITY-ST-ZIP	MERIDIAN MS 39302-5797	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOLLADAY, LAURA G	
STREET ADDRESS	PO BOX 5797	
CITY-ST-ZIP	MERIDIAN MS 39302-5797	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Secretary/Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holladay, Clay E	
STREET ADDRESS	P.O. Box 5797	
CITY-ST-ZIP	Meridian, MS 39302	
TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edmiston, Georgia	
STREET ADDRESS	438 Emerald Point Drive	
CITY-ST-ZIP	Mary Esther, FL 32569	
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: **CSS G Holladay**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03**

Date

**601.693.2661**

Daytime Phone #

CR2E034 (10/02)