2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F9900005875 1. Entity Name PUBLISHERS ASSOCIATION OF THE SOUTH, INCORPORATE 01-31-2001 90003 009 ***150.00 Principal Place of Business Mailing Address 4412 FLETCHER ST 4412 FLETCHER ST PANAMA CITY FL 32405-1017 PANAMA CITY FL 32405-1017 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 62-1276338 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Sabiston, Patricia G Street Address (P.O. Box Number is Not Acceptable) 4412 FLETCHER ST PANAMA CITY FL 32405-1017 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition President Delete TITLE TITLE Boyd, Kenneth W. NAME NAME SAKOWSKI, CAROLYN Miani Cuo, NE STREET ADDRESS STREET ADDRESS 1406 PLAZA DRIVE CITY-ST-ZIP CITY-ST-ZIP ANTA,GA ろのラスヤ WINSTON-SALEM NC 27103 ☐ Change Delete vice President Addition TITLE TITLE Suzanne LaRosa NAME NAME BOYD, KENNETH W 105 S. Court St. STREET ADDRESS STREET ADDRESS 764 MIAMI CIRCLE NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30324 ☐ Delete Change ☐ Addition TITLE TITLE NAME LANDWEHR, KATHY NAME STREET ADDRESS STREET ADDRESS 494 ARMOUR CIRCLE NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30324 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME WATERS, ANNE (Remains the same) STREET ADDRESS STREET ADDRESS 1406 PLAZA DRIVE CITY-ST-7IP CITY-ST-ZIP WINSTON-SALEM NC 27103 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

PATRICIA G. SABISTON

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition