## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 10, 2005 08:00 AM DOCUMENT # M03000000875 Secretary of State SOUTHERN PUBLIC COMMUNICATIONS, LLC Mailing Address Principal Place of Business PO BOX 550 100 DORA HELEN LANE GALLION, AL. 36742 DEMOPOLIS, AL 36732 01312005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-1270534 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WILSON, DONALD R DO NOT WRITE 3438 SKYLINE DRIVE GREENWOOD, FL 32443 IN THIS SPACE 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 31-2005 SIGNATURE. Signature, typed or proted name of registered agent and this is another in (NOTE: Rivalize and Agent signal are required when manageing) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR HDF NVAL WILSON, CHARLES L 100 DORA HELEN LN STREET ADDRESS CHY-ST ZIP GALLION, AL 36742 U00000223361 02/10/05-80042-017 50.00 mu MARKET STALLT ADDRESS CITY-ST-ZIP 11323 NAME STREET ADDRESS DO NOT WRITE CHY ST-ZIP Hill IN THIS SPACE NAME STREET AUDRESS CHY-ST-71P HILE STREET ADDRESS CHY-ST-ZIP TRILE 254.45 STREET ADDRESS CITY-ST-782

11. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE