

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004515

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** NEWSPAPER SALES ASSOCIATES, LLC

**Current Principal Place of Business:**

103 YVONNE COURT  
GOODLETTSVILLE, TN 37072

**New Principal Place of Business:**

**Current Mailing Address:**

103 YVONNE COURT  
GOODLETTSVILLE, TN 37072

**New Mailing Address:**

PO BOX 485  
GOODLETTSVILLE, TN 37070 US

FEI Number: 62-1705950      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COX, TAMMY  
2121 NW 29TH CT #A7  
FT. LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COX, THOMAS W JR  
Address: 103 YVONNE COURT  
City-St-Zip: GOODLETTSVILLE, TN 37072

Title: S ( ) Delete  
Name: COX, TAMMY  
Address: 103 YVONNE COURT  
City-St-Zip: GOODLETTSVILLE, TN 37072

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TAMMY J COX

SEC

06/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date