

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004515

**FILED**  
**Mar 14, 2010**  
**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:**

PO BOX 485  
GOODLETTSVILLE, TN 37070 US

**New Mailing Address:**

**FEI Number:** 62-1705950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
**Name:** COX, THOMAS W JR  
**Address:** 103 YVONNE COURT  
**City-St-Zip:** GOODLETTSVILLE, TN 37072

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

I hereby 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

S

03/14/2010

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