

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90008 029 \*\*\*\*50.00

**DOCUMENT # M98000000066**

1. Entity Name

**GREAT ATLANTIC NEWS L.L.C.**



Principal Place of Business

**5335 FULTON INDUSTRIAL BLVD.  
ATLANTA GA 30336-2401**

Mailing Address

**214 N TRYON ST 47TH FLOOR  
ATTN: JOLENE BEATY  
CHARLOTTE NC 28202-4006**

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 **52-2069613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **COOKE, MICHAEL B**  
STREET ADDRESS **3047 LENOX RD UNIT 2304**  
CITY-ST-ZIP **ATLANTA GA 30324**

TITLE **Mgr.** ☐ Change ☒ Addition  
NAME **Peter Olson**  
STREET ADDRESS **802 Cheswich Ct.**  
CITY-ST-ZIP **Marietta, GA 30067**

TITLE **MGR** ☐ Delete  
NAME **MCALEER, JIM**  
STREET ADDRESS **535 FRANCIS POINT**  
CITY-ST-ZIP **DULUTH GA 30097**

TITLE **Mgr.** ☐ Change ☒ Addition  
NAME **Charles E. Gee**  
STREET ADDRESS **3490 Piedmont Drive**  
CITY-ST-ZIP **Douglasville, GA 30135**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*Charles E. Gee*

Charles E. Gee

**FEB 11, 2003**

404/691-2800

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

Date

Daytime Phone #

CR2E083 (10/02)