

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001317

FILED
Jan 06, 2004
Secretary of State

Entity Name: ANDERSON NEWS, L.L.C.

Current Principal Place of Business:

6016 BROOKVALE LANE
STE 151
KNOXVILLE, TN 37919

New Principal Place of Business:

Current Mailing Address:

6016 BROOKVALE LANE
STE 151
KNOXVILLE, TN 37919

New Mailing Address:

FEI Number: 62-1745746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR () Delete
Name: ANDERSON, CHARLES C
Address: 201 N COURT ST
City-St-Zip: FLORENCE, AL 35630

Title: MGR () Delete
Name: ANDERSON, CHARLES C JR
Address: 6016 BROOKVALE LANE STE 151
City-St-Zip: KNOXVILLE, TN 37919

Title: MGR () Delete
Name: ANDERSON, JOEL R
Address: 201 N COURT ST
City-St-Zip: FLORENCE, AL 35630

Title: MGR () Delete
Name: KSANSNAK, JAMES
Address: 914 LATIMER ST.
City-St-Zip: PHILADELPHIA, PA 19107

Title: MGR () Delete
Name: STOCKARD, FRANK
Address: 6016 BROOKVALE LANE SUITE 151
City-St-Zip: KNOXVILLE, TN 37919

ADDITIONS/CHANGES:

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

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

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

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 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 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: FRANK STOCKARD

MGR

01/06/2004

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