

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 026 ****70.00

DOCUMENT # N01000008267

1. Entity Name

TALLAHASSEE COMMUNITY TELEVISION, INC.



Principal Place of Business

**405 CASTLETON CIR.
TALLAHASSEE FL 32312**

Mailing Address

**405 CASTLETON CIR.
TALLAHASSEE FL 32312**

2. Principal Place of Business

819 CONCORD RO

3. Mailing Address

PO Box 6172

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32308

Country

USA

Zip

32304

Country

USA

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHASE, NORENE
405 CASTLETON CIR.
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **DOUG MATTHEWS**

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

819 CONCORD RO

City

TALLAHASSEE

FL

Zip Code

32308

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

DOUG MATTHEWS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **CHASE, NORENE**
STREET ADDRESS **405 CASTLETON CIR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **DV** ☒ Delete
NAME **HADLEY, PATRICK**
STREET ADDRESS **415 N. GADSDEN ST., #112**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **DT** ☒ Delete
NAME **FULFORD, BOB**
STREET ADDRESS **231 WESTRIDGE DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **DS** ☒ Delete
NAME **SPINELLA, MICHELLE**
STREET ADDRESS **800 N. BROWNHOUGH ST., APT. D**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **MATTHEWS, DOUG**
STREET ADDRESS **819 CONCORD RO**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DV** ☒ Change ☐ Addition
NAME **JACK SISSON**
STREET ADDRESS **819 E PARK AVE APT 11**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **DS** ☒ Change ☐ Addition
NAME **NORENE CHASE**
STREET ADDRESS **405 CASTLETON CIR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

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

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOUG MATTHEWS

4/28/03 850 309 1355

CR2E037 (10/02)