

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90017 030 \*\*\*150.00

0555573

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P19549**

1. Corporation Name  
**CHELSEA COMMUNICATIONS, INC.**

Principal Place of Business  
**MAIN AT WATER STREET**  
**P.O. BOX 472**  
**COUDERSPORT PA 16915**  
**US**

Mailing Address  
**MAIN AT WATER STREET**  
**P.O. BOX 472**  
**COUDERSPORT PA 16915**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/06/1988</b>	4. FEI Number <b>25-1435859</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Main at Water Street
22 City & State	27 Coudersport PA
23 Zip Country	28 16915 US

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIBAS, JOHN	
STREET ADDRESS	MAIN AT WATER STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIGAS, JAMES	
STREET ADDRESS	MAIN AT WTARE STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIGAS, MICHAEL J	
STREET ADDRESS	MAIN AT WATER STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MILLIARD, DANIEL R	
STREET ADDRESS	MAIN AT WATER STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	RIGAS, TIMOTHY J	
STREET ADDRESS	MAIN AT WATER STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	FISHER, RANDAL D	
STREET ADDRESS	MAIN AT WATER STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Randal D. Fisher* Randall D. Fisher 1/5/99 (814) 274-9830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)