

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90081 025 \*\*\*150.00

**DOCUMENT # P28002**

1. Entity Name

**BREWER BROADCASTING CORPORATION**

Principal Place of Business

**409 CHESTNUT STREET, SUITE A-154  
CHATTANOOGA TN 37402**

Mailing Address

**409 CHESTNUT STREET, SUITE A-154  
CHATTANOOGA TN 37402-4990**

2. Principal Place of Business

**1305 CARTER STREET**

Suite, Apt. #, etc.

3. Mailing Address

**1305 CARTER STREET**

Suite, Apt. #, etc.

City &amp; State

**CHATTANOOGA TN**

City &amp; State

**CHATTANOOGA TN**

Zip

**37402**

Country

Zip

**37402**

Country

4. FEI Number

**35-1118701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TENNYSON, RYAN  
800 N HIGHLAND AVE STE 200  
ORLANDO FL 32803**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PSD BREWER, MAYTHA N. 2425 FRANKLIN ST. TELL CITY IN</b>		<input type="checkbox"/>			<input type="checkbox"/>
<b>VD BREWER, JAMES L. 409 CHESTNUT STREET, SUITE 154-A CHATTANOOGA TN</b>		<input type="checkbox"/>	<b>1305 CARTER STREET</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/00**

Date

**(423) 265-9494**

Daytime Phone #