

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037689

FILED
Apr 13, 2004
Secretary of State

Entity Name: HERITAGE COMMUNICATIONS CORPORATION

Current Principal Place of Business:

1600 WEST EAU GALLIE BLVD.
#201
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1600 WEST EAU GALLIE BLVD.
#201
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3314405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POTTER, WILLIAM C
POTTER, MCCLELLAND, MARKS, & HEALY P.A.
700 S. BABCOCK ST., #400
MELBOURNE, FL 32901

Name and Address of New Registered Agent:

TOLLEY, WILLIAM R
1600 W. EAU GALLIE BLVD.
SUITE 201
MELBOURNE, FL 32935

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: WILLIAM R. TOLLEY

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: CARRAWAY, JAMES D
Address: 3820 RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: CARRAWAY, JESSIE
Address: 4308 WILDWOOD DR
City-St-Zip: AYDEN, NC 28513

Title: PTD () Delete
Name: TOLLEY, WILLIAM R
Address: 4250 PINEWOOD ROAD
City-St-Zip: MELBOURNE, FL 32934

Title: VSD () Delete
Name: WARDON, NANCY
Address: 170 SEAVIEW STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: SANDERS, THOMAS J
Address: 331 SEABREEZE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: KING, MAXWELL
Address: 1384 NOLTON HEALTH CT
City-St-Zip: ROCKLEDGE, FL 32995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. TOLLEY

D

04/13/2004

Electronic Signature of Signing Officer or Director

Date