.2000 UNIFORM BUSINESS REPGAT (UBR)

DOCUMENT # P95000070619 1. Entity Name

FLORIDA PUBLISHING COMPANY

FILED Jun 05, 2000 8:00 am Secretary of State

| | | | | | | 05-06-2000 90 | 147 001 *** | *450.00 | |
|--|--|---|--|--------------------------|------------------|--|---|------------------------------|------|
| Principal Place of Business Mailing Address | | | | | / | | | | |
| 725 BROAD STREET AUGUSTA GA 30901 | | 725 BROAD STREET AUGUSTA GA 30901-1336 | | | | | | | |
| | | <u> </u> | | | | : 1840/1441 110 1410/1411/14 460/17 441/17 460/17 470/17 470/17 | a i rr an co na c inar i | (1818 (BH 1881) | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Sulte, Apt. #, etc. | | | | DO NOT WRITE IN TH | IIS SPACE | | |
| City & State | | City & State | | | 4. | 58-2228216 | | pplied For lot Applicable | |
| Zip | Country | Country Zip Cou | | ntry | | Certificate of Status Desired | \$8.75 Ad Fee Require | | |
| | 6. Name and Address of Current R | egistered Agent | | | 7, 1 | Name and Address of New Register | ed Agent | | |
| | | | | Name | | | | | 1 |
| C T CORPORATION SYSTEM | | | | | | | | | ĺ |
| 1200 SOUTH PINE ISLAND ROAD | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | VTATION FL 33324 | | | | | | | | |
| | | | | City | | | Zip Co | de | |
| 8. The above | named entity submits this statement for | the purpose of changing its | registere | ed office or re | egistered ag | gent, or both, in the State of Florida. | | | 1 |
| | | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE | : Registered | d Apent signature | required when re | ainstating) DA | TE . | | l |
| 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$1 | | | | | | | | | ı |
| | equirement and elects to do so. | After MAY 1, 2000 Fee will be \$550.00 | | | | 10. Election Campaign Financing Trust Fund Contribution. | | 00 May Be | |
| (See criter | ia on back) | Make Check Payable to Department of Sta | | | of State | lybst rand Cartinodia), | L 7008 | 0 10 1 000 | |
| 11. | OFFICERS AND D | DIRECTORS | 12. | | AL | DDITIONS/CHANGES TO OFFICERS | NO DIRECTOR | IS IN 11 | ـ ا |
| TITLE | C | ☐ Delete | TITLE | : | VP-F | inance &Treasure | r Change | Addition | Q |
| NAME | MORRIS, WILLIAM S III | | NAME | | | g S. Mitchell | _ | | 9/ 1 |
| STREET ADDRESS | 725 BROAD STREET | | | ET ADDRESS | | Broad St | | Ì | Š |
| CITY-ST-ZIP | AUGUSTA GA 30901 | | CITY- | -ST-ZIP | | sta GA 30901 | | | ទ |
| TITLE | 8 | ☐ Delete | TITLE | | Augu | Sta GA 30301 | ☐ Change | Addition | ١ |
| NAME | FRY, DARREL K | | NAME | | | | , | | |
| STREET ADDRESS CITY-ST-ZIP | 725 BROAD STREET | | | ET ADDRESS -ST-ZIP | | | | | - |
| | AUGUSTA GA 30901 | | - | | | | CT Chonne | Addition | l |
| TITLE | P NORDIC W C N | ☐ Delete | TITLE | 1 | | : | Change | | |
| name Street address | MORRIS, W.S.IV | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | 725 BROAD STREET AUGUSTA GA 30901 | | | -ST-ZIP | | | | | |
| TITLE | 1) | Delete | TITLE | | | | Change | ☐ Addition | Ī |
| NAME | MORRIS, JOHN T | LJ DOIGIO | NAME | 1 | | | | | 1 |
| STREET ADDRESS | 725 BROAD STREET | | STRE | ET ADDRESS | | , | | ļ | i |
| City-St-Zip | AUGUSTA GA 30901 | | CITY- | -S7-ZIP | | | | | 1 |
| TITLE | D | ☐ Delete | TITLE | | | | Change | ☐ Addition | |
| NAME | BAKER, SUSIE M | | NAME | i | | | | 1 | 1 |
| STREET ADDRESS | 725 BROAD STREET | | | ET AODRESS | | | | | |
| CITY-SY-ZIP | AUGUSTA GA 30901 | | ·CITY · | -ST-ZIP | | | | | |
| TITLE | D | ☐ Delete | TITLE | J. | | | Change | Addition | |
| NAME | MORRIS, MARY E | | NAME | | | | | | |
| STREET ADORESS CITY-ST-ZIP | 725 BROAD STREET | | | ET ADDRESS - ST - ZIP | | 1 | | | |
| | AUGUSTA GA 30901 certify that the information supplied with t | hin filma daga nat avality for | | | d in Costion | 110 07/2Vi) Florida Statutas I fusibas | cortify that the | information | |
| ia, i nereby c | ermy mat me anormation supplied with t | the mind does not draming for | io exer | ייטיים אנצופו | A DECEMBER 1 | The state of the s | all arm on office | or director | |

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.

VICE PRESIDENT

APR 24 2000 706823335C