

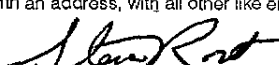


FILED

Apr 18, 2005 08:00 AM
Secretary of State

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| <div style="display: flex; justify-content: space-between;"><div>DOCUMENT # S79774 1. Entity Name PENSACOLA PUBLISHING COMPANY, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 225 NORTH PACE BLVD. PENSACOLA, FL 32505</div><div>Mailing Address 225 NORTH PACE BLVD. PENSACOLA, FL 32505</div></div> | | <div style="display: flex; justify-content: space-between;"><div>Apr 18, 2005 08:00 AM Secretary of State</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">03282005No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 59-3103213</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent LEUCHTMAN, GARY B. 3 WEST GARDEN STREET 700 BLOUNT BUILDING PENSACOLA, FL 32501 | <div style="height: 100px; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:90%;">D</td></tr><tr><td>NAME</td><td>ROOT, STEVE</td></tr><tr><td>STREET ADDRESS</td><td>4560 TREELINE DR.</td></tr><tr><td>CITY- ST- ZIP</td><td>PENSACOLA, FL</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>ROOT, DEANNA</td></tr><tr><td>STREET ADDRESS</td><td>4560 TREELINE DR.</td></tr><tr><td>CITY- ST- ZIP</td><td>PENSACOLA, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table> | | | TITLE | D | NAME | ROOT, STEVE | STREET ADDRESS | 4560 TREELINE DR. | CITY- ST- ZIP | PENSACOLA, FL | TITLE | D | NAME | ROOT, DEANNA | STREET ADDRESS | 4560 TREELINE DR. | CITY- ST- ZIP | PENSACOLA, FL | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | | NAME | | STREET ADDRESS | | CITY- ST- ZIP | |
| TITLE | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | ROOT, STEVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 4560 TREELINE DR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | ROOT, DEANNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 4560 TREELINE DR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div style="display: flex; justify-content: space-between;"><div>U000000312653 04/18/05-80093-016 150.00</div><div style="height: 100px; vertical-align: middle;">DO NOT WRITE IN THIS SPACE</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  President 4/14/05</div><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |