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PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90051 016 \*\*\*150.00

FREY COMMUNICATIONS SOUTH, INC.								
	, ,							
		A # 10 A						
Principal Place		Mailing Address						
631 2ND AVENUE SOUTH 631 2ND AVENUE SOUTH SUITE II.								
SUITE LL SUITE LL SUITE LL NASHVILLE TN 37210 NASHVILLE TN 37210						DO NOT WRITE IN TH	1IS SPACE	
US US						3. Date Incorporated or Qualifed		1
}						<u>03/14/1988</u>		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	— <del>— —</del>	plied For
21		26				<u>59-2879761</u>		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					-	5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the current year		_
24	25		30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Agent	———
COD	DODATION CEDUICE COMPANY		81	Name			_	
	PORATION SERVICE COMPANY HAYS STREET		8:	Street /	Addres	s (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			83	83				
<u> </u>			84	City			85 Zip C	Code
		1 007 4500 Fly ide Chat.do.			205205			registered
11. Pursuant to	to the provisions of Sections 607.050; egistered agent, or both, in the State on m familiar with, and accept the obligat	2 and 607.1508, Florida Statulet of Florida. Such change was aut	s, the above thorized by da Statute	y the corpo	oration	ation submits this statement for the purpose is board of directors. I hereby accept the ap	pointment as reg	gistered
agent. i ai	in ramiliar with, and accept the bongar	ions of, Section corrector, Florid	ua Olululu					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg				ent signature r	required w	rhen reinstating) DATE		700
12.	OFFICERS AN					ADDITIONO/CHANCES TO DESICEDS	AND DIDECTO	PS IN 12
TITLE	<u> </u>	D DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS		
l I	P COMMINICATION FOR CO	D DIRECTORS	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
NAME	BROWN, CHARLES C		1.1 TITLE 1.2 NAME			ADDITIONS/CHANGES TO OFFICERS		
STREET ADDRESS	BROWN, CHARLES C 631 2ND AVENUE SOUTH		1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS		ADDITIONS/CHANGES TO OFFICERS		
STREET ADDRESS CITY-ST-ZIP	BROWN, CHARLES C 631 2ND AVENUE SOUTH NASHVILLE TN 37210	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS		ADDITIONS/CHANGES TO OFFICERS		
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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 on 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, of one an attagment with a payore.

SIGNATURE:

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

615 248 9986 Daytime Phone #