

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 338740

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: TALLAHASSEE COMMUNICATIONS, INC.

**Current Principal Place of Business:**

234 BLOUNSTOWN HWY  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 20305  
TALLAHASSEE FLA, 32316

**New Mailing Address:**

P O BOX 20305  
TALLAHASSEE, FL 32316

FEI Number: 59-1225450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIVINGSTON, CHARLES C SR.  
1494 SPITZ FARM RD  
QUINCY, FL 32352 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LIVINGSTON, CHARLES C SR.  
Address: 1494 SPITZ FARM RD  
City-St-Zip: QUINCY, FL 32352

Title: DST ( ) Delete  
Name: LIVINGSTON, JUDITH A,  
Address: 1494 SPITZ FARM RD  
City-St-Zip: QUINCY, FL 32352

Title: CFO ( ) Delete  
Name: SWEENEY, TRACY MICHELLE  
Address: 8981 EAGLES RIDGE DR  
City-St-Zip: TALLAHASSEE, FL 32312

**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:

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: CHARLES C LIVINGSTON, SR

DP

02/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date