

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90069 021 ***158.75

DOCUMENT # 338740

1. Entity Name
TALLAHASSEE COMMUNICATIONS, INC.

00019880



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|--|---------|
| Principal Place of Business 234 BLOUNTSTOWN HWY BLOUNTSTOWN HWY. AT PENSACOLA ST. TALLAHASSEE FL 32304 US | | Mailing Address P O BOX 20305 BLOUNTSTOWN HWY. AT PENSACOLA ST. TALLAHASSEE FLA 32316 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | | |
|----------------------------------|-------------------------------------|--------------------------------|-------------------------------------|
| 4. FEI Number | 59-1225450 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |

| | | | |
|--|--|---|----------------------------------|
| 6. Name and Address of Current Registered Agent LIVINGSTON, CHARLES C SR. RT 5 BOX 260 N/A QUINCY FL 32351 | | 7. Name and Address of New Registered Agent | |
| | | Name | Charles C. Livingston Sr. |
| | | Street Address (P.O. Box Number Not Acceptable) | 1494 Spitz Farm Rd. |
| | | City | Quincy FL 32352 |

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.

SIGNATURE: *Charles C. Livingston Sr.* **President** DATE: **2-16-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIVINGSTON, CHARLES C SR. RT 5 BOX 260 QUINCY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Charles C. Livingston Sr. 1494 Spitz Farm Rd. Quincy, FL 32352 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIVINGSTON, JUDITH A RT 5 BOX 260 QUINCY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Judith A. Livingston 1494 Spitz Farm Rd. Quincy, FL 32352 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LIVINGSTON, JUDITH A RT 5 BOX 260 QUINCY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LIVINGSTON, CHARLES C SR RT 5 BOX 260 N/A QUINCY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO SWEENEY, TRACY MICHELLE 7099 CALICO COURT TALLAHASSEE FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Tracy Michelle Sweeney 3927 Forsythe Way Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 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.

SIGNATURE: *Michelle Sweeney* DATE: **2/16/01** DAYTIME PHONE #: **850-576-7113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)