

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91220 031 \*\*\*158.75

**DOCUMENT # 338740**

1. Entity Name  
**TALLAHASSEE COMMUNICATIONS, INC.**

**361620**



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: **234 Blountstown Hwy**

3. Mailing Address: **PO Box 20305**

Suite, Apt. #, etc.

City & State: **Tallahassee FL**

City & State: **Tallahassee, FL**

4. FEI Number: **59-1225450**

Applied For:  Not Applicable

Zip: **32304** Country: **USA**

Zip: **32316** Country: **USA**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LIVINGSTON, CHARLES C SR.  
 1494 SPITZ FARM RD  
 QUINCY FL 32352**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE: <b>DP</b>	<input type="checkbox"/> Delete
NAME: <b>LIVINGSTON, CHARLES C SR.</b>	
STREET ADDRESS: <b>1494 SPITZ FARM RD</b>	
CITY-ST-ZIP: <b>QUINCY FL 32352</b>	
TITLE: <b>DST</b>	<input type="checkbox"/> Delete
NAME: <b>LIVINGSTON, JUDITH A</b>	
STREET ADDRESS: <b>1494 SPITZ FARM RD</b>	
CITY-ST-ZIP: <b>QUINCY FL 32352</b>	
TITLE: <b>CFO</b>	<input type="checkbox"/> Delete
NAME: <b>SWEENEY, TRACY MICHELLE</b>	
STREET ADDRESS: <b>3927 FORSYTHE WAY</b>	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32308</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Sweeney Tracy Michelle</b>	
STREET ADDRESS: <b>6252 Shady Rest Rd.</b>	
CITY-ST-ZIP: <b>Havana, FL 32333</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: *Tracy Michelle Sweeney* **4/29/02** **576-7113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)