

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90004 039 ****70.00

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DOCUMENT # N00368
 1. Entity Name
PALMETTO BROADCASTERS ASSOCIATED FOR COMMUNITIES *(LA)*

Principal Place of Business Mailing Address
~~1226 ROWLAND DRIVE~~ 1001 WALTER LANE
~~HERNDON VA 20170~~ VERO BEACH FL 32960

2. Principal Place of Business 3. Mailing Address
5970 ABBOTTS RUN DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DULUTH, GA

Zip Country Zip Country
30097

4. FEI Number Applied For
59-2480491 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RHEA, CAROLYN T
1001 WALTER LANE
VERO BEACH FL 32960

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHEA, CLAUDE H III 1226 ROWLAND DRIVE HERNDON VA 20170	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RHEA, CLAUDE H. III 1226 ROWLAND DRIVE HERNDON VA 20170	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEEBLER, EUGENE 1001 EAST HIGHPOINT DR. MOBILE AL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRIGHTLY, BRIAN 3901 NE 22ND AVE LIGHTHOUSE PT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESSEX, VIRGINIA 8139 LAKE POINTE COURT PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, ANITA 3 BEACHWAY N. BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5970 ABBOTTS RUN DR. DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5970 ABBOTTS RUN DR. DULUTH, GA 30097
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, 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.

SIGNATURE: *(Signature)* 7/21/01 770 410 6540

CFR2E037 (5/01)