

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90070 003 ****70.00

DOCUMENT # N00368



1. Entity Name
PALMETTO BROADCASTERS ASSOCIATED FOR COMMUNITIES, INC.

Principal Place of Business
**5970 ABBOTTS RUN TRAIL
DULUTH GA 30097**

Mailing Address
**1001 WALTER LANE
VERO BEACH FL 32960**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2480491**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHEA, CAROLYN T
1001 WALTER LANE
VERO BEACH FL 32960**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RHEA, CLAUDE H III	
STREET ADDRESS	5970 ABBOTTS RUN TRAIL	
CITY-ST-ZIP	DULUTH GA 30097	
TITLE	C	<input type="checkbox"/> Delete
NAME	RHEA, CLAUDE H. III	
STREET ADDRESS	5970 ABBOTTS RUN TRAIL	
CITY-ST-ZIP	DULUTH GA 30097	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JAMES F	
STREET ADDRESS	1711 WORTHINGTON RD, STE 202	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRIGHTLY, BRIAN	
STREET ADDRESS	3901 NE 22ND AVE	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESSEX, VIRGINIA	
STREET ADDRESS	8139 LAKE POINTE COURT	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FINLEY, ANITA	
STREET ADDRESS	3 BEACHWAY N.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sig Claude H. Rhea III* **1-3-03 770-410-6540**

CR2E037 (10/02)