

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90124 037 ***150.00

DOCUMENT # P96000017566

1. Entity Name
ATLANTIC COAST COMMUNICATIONS, INC.



Principal Place of Business
**65 HENRY LANE
BULLS GAP TN 37711
US**

Mailing Address
**65 HENRY LANE
BULLS GAP TN 37711
US**

J0034031



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3363755**

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

PINE, ROBERT F
~~6305 S HEADER CANAL RD~~ **4377 GATOR TRACE LN.**
~~PT ST LUCIE FL 34988~~ **FORT PIERCE, FL 34982**

Name: **ROBERT F. PINE**
Street Address (P.O. Box Number is Not Acceptable)

~~65 HENRY LANE~~
City: **BULLS GAP, TN** Zip Code: **37711**

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: *Robert F. Pine* **Free** DATE: **4/23/03**
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Delete
NAME: **PINE, ROBERT F**
STREET ADDRESS: **65 HENRY LANE**
CITY-ST-ZIP: **BULLS GAP TN 37711**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: **VP** Delete
NAME: **PINE, ARDITH H**
STREET ADDRESS: **65 HENRY LANE**
CITY-ST-ZIP: **BULLS GAP TN 37711**

TITLE: Change Addition
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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 607, 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 employment.

SIGNATURE: *ARDITH H. PINE* DATE: **4/23/03** DAYTIME PHONE: **433-433-6552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

CR2E034 (10/02)