FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 613761 (6)

1. Corporate Name
OGDEN BROADCASTING OF FLORIDA, INC.

Principal Place of Business
% THE BREEZE
2510 DEL PRADO BLVD.
CAPE CORAL FL 33904

Mailing Address
% THE BREEZE
2510 DEL PRADO BLVD.
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date for Annual Report Applied For: 03/21/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt. #
22
City, State
23
24 25

2a. Mailing Address
26
Suite Apt. #
27
City, State
28
29 30

4. FEI Number: 58-1358962
Applied For
Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Electronic Campaign Finance Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. Does corporation have, or intend to have, shares subject to Section 517.075 Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent
NUTTING, WILLIAM C.
#3 ISLE RIDGE WEST
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NUTTING, G.O.
STREET ADDRESS	RD# 4, BOX 101
CITY ST ZIP	WHEELING WV
TITLE	DV
NAME	NUTTING, W.C.
STREET ADDRESS	#3 ISLE RIDGE WEST
CITY ST ZIP	HOBE SOUND FL
TITLE	VD
NAME	NUTTING, R M
STREET ADDRESS	12 PARK ROAD
CITY ST ZIP	WHEELING WV
TITLE	SD
NAME	NUTTING, W O
STREET ADDRESS	RD #4, BOX 101
CITY ST ZIP	WHEELING WV
TITLE	T
NAME	WITTMAN, D D
STREET ADDRESS	161 DRUUID DRIVE
CITY ST ZIP	MCMURRAY PA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE		[ ] Change [ ] Add/Del
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Add/Del
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Add/Del
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STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Add/Del
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I hereby certify that the information supplied with this filing, and any attached additional pages, is true and accurate, to the maximum extent of my knowledge, as of the date of filing. I further certify that the corporation has paid all fees due to the Department of State for this filing, and that the corporation is in compliance with the requirements of Section 607.0501(3), Florida Statutes, that the officers and directors listed in this report or attached additional pages are the current officers and directors of the corporation, and that, to the best of my knowledge, information, and belief, the number of shares outstanding of each class and series (if applicable) of capital stock issued by the corporation is accurately reflected in this report.

SIGNATURE: Duane D. Wittman DUANE D. WITTMAN 5/1/95 (304)233-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0320246 CP