2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # 613761** OGDEN BROADCASTING OF FLORIDA, INC. 05-15-2000 90290 036 ***150.00 Mailing Address Principal Place of Business % THE BREEZE % THE BREEZE 2510 DEL PRADO BLVD. 2510 DEL PRADO BLVD. CAPE CORAL FL 33904-5750 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1358962 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NUTTING, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) #3 ISLE RIDGE WEST HOBE SOUND FL 33455 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition PD ☐ Delete TITLE TITLE NUTTING, G.O. NAME NAME STREET ADDRESS STREET ADDRESS RD# 4, BOX 101 CITY-ST-ZIP CITY-ST-7IP WHEELING WV Change ☐ Addition ☐ Delete TITLE TITLE NUTTING, W.C. NAME NAME STREET ADDRESS STREET ADDRESS #3 ISLE RIDGE WEST HOBE SOUND FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ٧D ☐ Delete TITLE NUTTING, R M 🐣 NAME NAME 366 OGLEBAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHEELING WV ☐ Addition Change TITLE ☐ Delete TITLE NUTTING, W O NAME NAME 12 PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE WHEELING WV ☐ Delete TITLE Change ☐ Addition TITLE WITTMAN, D D NAME STREET ADDRESS STREET ADDRESS 161 DRUUID DRIVE CITY-ST-ZIP CITY-ST-ZIP MCMURRAY PA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. DUANE D. WITTMAN 4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE: