**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2002 8:00 am § Secretary of State 613761 DOCUMENT # 1. Entity Name 04-28-2002 90685 001 \*\*\*300 00 OGDEN BROADCASTING OF FLORIDA, INC. Principal Place of Business Mailing Address % THE BREEZE % THE BREEZE 2510 DEL PRADO BLVD. 2510 DEL PRADO BLVD. CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1358962 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUTTING, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) #3 ISLE RIDGE WEST **HOBE SOUND FL 33455** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NUTTING, G.O. NAME NAME RD# 4, BOX 101 STREET ADDRESS STREET ADDRESS WHEELING WV CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NUTTING, W.C. NAME #3 ISLE RIDGE WEST STREET ADDRESS STREET ADDRESS HOBE SOUND FL CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NUTTING, R M NAME STREET ADDRESS 366 OGLEBAY DR STREET ADDRESS CITY-ST-7IP WHEELING WV CITY-ST-7IP SD TITLE ☐ Delete TITLE Change Addition NAME NUTTING, W O NAME 12 PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WHEELING WV CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME WITTMAN, D D NAME STREET ADDRESS 161 DRUUID DRIVE STREET ADDRESS CITY-ST-ZIP MCMURRAY PA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #