2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 613761

1. Entity Name
OGDEN BROADCASTING OF FLORIDA, INC.

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

DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

NUTTING, WILLIAM C.
#3 ISLE RIDGE WEST
HOBE SOUND, FL 33455

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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 $150.00
After May 1, 2005 Fee will be $550.00

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

U00000364210
05/06/05-80034-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
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	PD
NAME	NUTTING, R M
STREET ADDRESS	366 OGLEBAY DR
CITY-ST-ZIP	WHEELING, WV
TITLE	VSD
NAME	NUTTING, W O
STREET ADDRESS	12 PARK RD
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	

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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 empowered.

SIGNATURE: Duane D. Wittman, Treasurer Duane D. Wittman 5/2/05 (304)233-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #