FILED FILE NOW: FILING FEE IS \$61.25 NONPROFIT Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name 716199 (5)FLORIDA ASSOCIATION OF BROADCASTERS, INCORPORATE Principal Place of Business Mailing Address 101 E COLLEGE AVE 101 E COLLEGE AVE 3. Date Incorporated or Qualified TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 03/14/1969 Applied For 59-0864165 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBERTS, C. PATRICK Street Address (P.O. Box Number is Not Acceptable) 101 E COLLEGE AVE 83 TALLAHASSEE FL 32301 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature req 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 11TITLE TIMM, BRUCE NAME 1.2 NAME 3370 CAPITAL CIRCLE NE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PORTMANN, SHAWN NAME 2.2 NAME Ronna Wowfe 4110 CENTER POINTE DRIVE STREET ADDRESS 2.3 STREET ADDRESS 194 NW 1872 Street FORT MYERS FL Miami, FL 33169 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 31 TITLE Chris Andrews
621 S.W. Pine Island Rd. SCHWARTZE, JOE L. NAME 3 2 NAME 2824 PALM BEACH BLVD STREET ADORESS **3.3 STREET ADDRESS** Cape Coral, FL 33991 FT MYERS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE VCD DELETE 4.1 TITLE Change Addition PETERSON, BILL NAME 4.2 NAME 1100 FAIRFIELD DR STREET ADORESS 4.3 STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Addition TITLE 51 TITLE Corr. Jerry 3401 S. Congress Ave. CARR, JERRY NAME 5.2 NAME 16550 NW 52ND AVE STREET ADDRESS 5.3 STREET ADDRESS Boyton Beach, FL 33426 MIAMI FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition poperts, C. Patrick TITLE 61 TITLE ROBERTS, C. PATRICK 101 E College Ave, Suite 301 NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

109 E COLLEGE AVE

TALLAHASSEE FL

14. 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 annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Tallahassec, FL 32301

681-6444