## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

NEWBER	MENT # J4634 RRY BROADCASTING CO	RPORATION			
Principal Place of Business 2012 NW 62 TER GAINESVILLE FL 32606		Mailing Address 2912 NW 62 TER GAINESVILLE FL 32806-6486		1 1001110 E111 E1010 SIMU E111 E111	na riik gildir deldir deldir dildir bildir bildir egdi.
				3. Date Incorporated or Qualifit 12/08/1986	ed 3a. Date of Last Report 01/25/1996
2. Principal Pi	ace of Business	2a. Mailing Address			4324 Applied For
Suite, Apt	# etc	Suite Apt. #, etc.		:26-5908185	Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
Orty & State	9	City & State		Election Campaign Financin     Trust Fund Contribution	g \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	1	for intangible tax under s. 199.032,
24	25 9. Name and Address of Curr	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30	Florida Statutes  10. Name and Address of New	Yes No
STE	RN CORNELIA O.	•	81 Name		
2912	2 NVK 62 TERR		82 Street Addr	ess (P.O. Box Number is Not Acce	ptable)
GAII	NESVILLE FL 32606		63		<u> </u>
ı	,		Sul	725	
				NESUILLE	FL 85 Zip Code 3260/
11. Pursuant t	to the provisions of Sections 607.0	502 and 607 1508, Florida State of Florida Such change was	utes, the above-named corps authorized by the corporate	poration submits this statement for t	the purpose of changing its registered accept the appointment as registered
agent. La	m familiar with, and accept the ob	gations of Section 607.0505, F	lorida Statutes.		111/2-
SIGNATURE.	Signature, type one make pay for registed	agency of trip if applicable (NC	DE Registered Agent signature requir	red when reinstaling)	// GATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 12
TITLE	PD Stern, Cornelia O.	L DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	1210 N.W. 52ND TERRACE		1.3 STREET ADDRESS		1
CITY - S1 - ZIP	GAINESVILLE FL		1 4 City-ST-ZIP		
TITLE		DELFTE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY ST-ZIP		DUETE	2. 4 CITY - ST - ZIP		Change
TITLE		DELETE	3.1 TITLE 3.2 NAME		Change Addition
NAME STREET ADDRESS			3.3 STREET ADDRESS		
C-TY-S1-ZIP			34. CITY - ST - ZIP		
THE		DELETE	41 TITLE		Change Addition
NAME			4 2 NAMÉ		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST-ZIP		Driver	4.4 CITY+ST-ZIP		Change
TITLE		L DELETE	5.1 TITLE		Change Addition
NAME CONCET ADMILLED			5.2 NAME 5.3 STREET ADDRESS		
STREET ADORESS ONY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZØ			6.4 C/TY - \$1 - ZIP		
informatio Lam an ol	in indicated on this princal report i	ir supplemental annual report is or the receiver or trustee empt	s true and accurate and that owered to execute this repor	d in Section 119.07(3)(i). Florida Sta t my signature shall have the same rt as required by Chapter 607, Flor	legal effect as if made under path, that

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 14 1997 8:00am

Secretary of State

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