


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90242 011 \*\*\*150.00

<b>DOCUMENT # M07630</b>	
1. Entity Name GILLEN BROADCASTING CORPORATION	

Principal Place of Business 7120 SW 24 AVE. GAINESVILLE, FL 32607-3705 US	Mailing Address 7120 SW 24 AVE. GAINESVILLE, FL 32607-3705 US
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**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2467789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GILLEN, DOUGLAS J.  
 1035 NW 60TH STREET  
 GAINESVILLE, FL 32605

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLEN, ALBERT J. 38 SUNSET CAY N KEY LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLEN, DORIS V. 38 SUNSET CAY N KEY LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLEN, DOUGLAS J. 7909 SW 43RD PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Laura Burt* 4/28/06 352-331-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #