

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 30, 2000 8:00 am
Secretary of State

05-01-2000 90066 028 ***150.00

DOCUMENT # P99000068711

1. Entity Name

AFFILIATED BROADCASTING CORPORATION

| | |
|--|--|
| Principal Place of Business SOUTHPOINT DRIVE SUITE 200 JACKSONVILLE FL 32246 | Mailing Address 6620 SOUTHPOINT DRIVE SUITE 200 JACKSONVILLE FL 32216-0949 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 2251 St. Johns Bluff Rd. Suite, Apt. #, etc. | 3. Mailing Address 2251 St. Johns Bluff Rd. Suite, Apt. #, etc. |
|---|---|

| | | | |
|----------------------------------|----------------------------------|-----------------------------|-------------------------------|
| City & State Jacksonville, FL | City & State Jacksonville, FL | 4. FEI Number 59-3630471 | Applied For Not Applicable |
| Zip 32246 | Country USA | Zip 32246 | Country USA |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

BLACKBURN & COMPANY, L.C.
6620 SOUTHPOINT DRIVE SUITE 200
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE CEO/DIR | Wallace Ray Davis <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2251 St. Johns Bluff Rd. | NAME | |
| STREET ADDRESS | Jacksonville, FL 32246 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE PRES./DIR | R. Van Dalton <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3601 Quail Creek Rd. | NAME | |
| STREET ADDRESS | Oklahoma City, OK 73120 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE V.P./DIR | James Shaffer <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 51192 CR 109 | NAME | |
| STREET ADDRESS | Elkhart, IN 46514 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE TREAS/SEC/DIR | Elizabeth M. Davis <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2251 St. Johns Bluff Rd. | NAME | |
| STREET ADDRESS | Jacksonville, FL 32246 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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.

SIGNATURE: Elizabeth M. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

904 642 8702

Daytime Phone #

CFR2034 (9/99)