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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

FILED Apr 08 1998 8:00am Secretary of State

INTERMANT BROADOASTING SOUTHWEST FLORIDA, INC.													
Principal Place of Business			Mailing A	Mailing Address					HABIR DANI UNUTI I		III BABAI UIDI	FIDII CIDII EIL	
4810 DELTON	4810 DEL	ELTONA DRIVE											
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950									20.11	~~			
							-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
								09/15	•	Qualified			
2. Principal P	lace of Busin	ness	2a, Mailınç	2a, Mailing Address				4. FEI Num					pplied For
21			26	26					142221				ot Applicable
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.					te of Status D	onicod			Additional
22			27					o. Certifica	.ie oi siatus Di	esirea		Fee R	equired
City & Stat	:6		h1	City & State					Campaign Fir	-	_		May Be
Zip Country				Zip Country			+		nd Contributio				to Fees
24	25		29		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name	and Address of Cu	rrent Registered A	gent '	30 1		L		nd Address o				
MA	RTIN, JAMI	ES E.			. 8	1 Name	В		***************************************				
	10 DELTON				8:	2 Street	1 Address	(P.O. Boy I	Number is Not	Acceptal	ble)		
PUNTA GORDA FL 33950						3		, (i .O, DOX i	TUTTOOT IS THOL	Acceptat	ole)		
					84	4 City			 			85 Zip	Code
44 0	4- 4 1-		0.00								FL	. -	
l cilica ori	edizieled #0	ions of Sections 607 ent, or both, in the S	tate of Fiorida. Sucr	i chande was au	moorized t	ov the col	d corpora rporation	ation submits 's board of c	this statemer lirectors, I her	nt for the p eby accer	purpose of	i changing it cointment as	ts registered registered
agent. La	ım familiar wi	ith, and accept the o	bligations of, Sectio	n 607.0505, Flor	ida Statute	BŚ.	•			,	F		,
SIGNATURE	Signature typed	or printed name of registere	d accordant tile it englishe	in (NOTE	Registered &	nent signatur	en reculred u	when reinstating)			DATE		
12.			AND DIRECTORS	e more	13.	gen ang natu	e o requireo e		S/CHANGES	TO OFFIC		DIRECTOR	RS IN 12
TITLE	DP			DELETE	1.1 TITLE		T					Change	☐ Addition
NAME		, JAMES E.			1.2 NAME								
STREET ADDRESS		LTONA DR.			1.3 STREE	ET ADDRESS							
CITY-ST-ZIP		GORDA FL		[] or en	1.4 CITY-							-	
TITLE	VTS	DATINOLA		DELETE	2.1 TITLE							Change Change	Addition
NAME STREET ADDRESS	207 FRY	, PATRICIA (TCBD)			2.2 NAME		lu-3	5 Q10	1 22A9	2 - 0			
CITY-ST-ZIP		HARLOTTE FL				T ADDRESS	1 4		_	_			
TITLE	VP	1177E-11E-11E		DELETE	2. 4 CITY- 3.1 TITLE		rur	40 PO	100 11	<u>ر ع</u>	1 47 2	Change	Addition
NAME		, MICHAEL S		—	3.2 NAME							onango	L / Addition
STREET ADDRESS		ESQUE ISLE DR.				T ADDRESS							
CITY-SY-ZIP	PORT C	HARLOTTE FL			3.4. CiTY-								
TITLE				DELETE	4.1 TITLE		1		, ,			☐ Change	Addition
NAME					4. 2 NAME	E	1						
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CITY-ST-ZIP					4.4 CITY-	ST-ZiP	<u> </u>						
TITLE				☐ DELETE	51 TITLE							☐ Change	Addition
NAME Street adoress					5.2 NAME								1
STREET ADURESS CITY-ST-2IP						T ADDRESS	1						
TITLE				DELETE	5.4 CITY - 6.1 TITLE	\$1-ZIP	1					Change	Addition
NAME				<u> </u>	6.2 NAME		1					The change	
STREET ADDRESS						T ADDRESS	1						
CITY-ST-ZIP					6.4 CITY-								
44 Ibarahi -			A 313 13 1 415										

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 exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in