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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V64105**

1. Corporation Name
**INTERMART BROADCASTING SOUTHWEST FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~4810 DELTONA DRIVE~~<br>~~PUNTA GORDA FL 33950~~ | ~~4810 DELTONA DRIVE~~<br>~~PUNTA GORDA FL 33950~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/15/1992

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9148 Bonita Bch. Rd. | 26 9148 Bonita Bch. Rd. |
| Suite, Apt. #, etc.<br>22 #205 | Suite, Apt. #, etc.<br>27 #205 |
| City & State<br>23 Bonita Springs FL | City & State<br>28 Bonita Springs, FL |
| Zip 24 34135 Country 25 | Zip 29 34135 Country 30 |

4. FEI Number: 59-3142221 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MARTIN, JAMES E.
~~4810 DELTONA DR~~
~~PUNTA GORDA FL 33950~~

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): P.O. 9148 Bonita Bch. Rd.

83 #205

84 City: Bonita Springs FL 85 Zip Code: 34135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MARTIN, JAMES E.<br>~~4810 DELTONA DR.~~<br>~~PUNTA GORDA FL~~ | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P.O. Box 1427<br>Boca Grande, FL 33921 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTS<br>DAHLIN, PATRICIA<br>4032 BIG PASS LANE<br>PUNTA GORDA FL 33955 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>~~MOODY, MICHAEL S~~<br>~~1286 PRESQUE ISLE DR~~<br>~~PORT CHARLOTTE FL~~ | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Patricia Dahlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #