

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 137642

1. Entity Name
FORT MYERS BROADCASTING COMPANY



Principal Place of Business
**2824 PALM BEACH BLVD.
FORT MYERS, FL 33916**

Mailing Address
**2824 PALM BEACH BLVD.
FORT MYERS, FL 33916**



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0250375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCBRIDE, GERALD
2824 PALM BEACH BLVD.
FORT MYERS, FL 33916**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MCBRIDE, BRIAN A
STREET ADDRESS	2069 W. THIRD STREET
CITY-ST-ZIP	CLEVELAND, OH
TITLE	D
NAME	MCBRIDE, EDWARD
STREET ADDRESS	1226 WALES STREET
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	VSD
NAME	MCBRIDE, GERALD
STREET ADDRESS	2824 PALM BEACH BLVD.
CITY-ST-ZIP	FORT MYERS, FL
TITLE	D
NAME	MCBRIDE, RITA
STREET ADDRESS	21360 SOUTH PARK DR.
CITY-ST-ZIP	FAIRVIEW PARK, OH
TITLE	VP
NAME	GARDNER, GARY
STREET ADDRESS	4445 CROSSJACK RD.
CITY-ST-ZIP	FORT MYERS, FL 33918
TITLE	D
NAME	FARESE, LARRY A
STREET ADDRESS	C/O 3001 TAMIAMI TRAIL N.
CITY-ST-ZIP	NAPLES, FL 34101

**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: Gary Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07
Date

Daytime Phone #