2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 137642

Entity Name: FORT MYERS BROADCASTING COMPANY

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2824 PALM BEACH BLVD. FORT MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 2824 PALM BEACH BLVD. FORT MYERS, FL 33916 FEI Number: 59-0250375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCBRIDE, GERALD 2824 PALM BEACH BLVD. US FORT MYERS, FL 33916 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCBRIDE, BRIAN A Name: Name: 2069 W. THIRD STREET Address: Address: City-St-Zip: CLEVELAND, OH City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCBRIDE, EDWARD Name: 1226 WALES STREET Address: Address: City-St-Zip: FT. MYERS, FL 33901 City-St-Zip: Title: Title: VSD () Delete () Change () Addition MCBRIDE, GERALD, Name: Name: 2824 PALM BEACH BLVD. Address: Address: City-St-Zip: FORT MYERS, FL City-St-Zip: Title: () Delete Title: () Change () Addition MCBRIDE, RITA Name: Name: Address: 21360 SOUTH PARK DR. Address: City-St-Zip: FAIRVIEW PARK, OH City-St-Zip: Title: VPGM Title: VPGM () Delete (X) Change () Addition SIMON, WAYNE Name: SIMONS, WAYNE Name: 2824 PALM BEACH BLVD Address: 2824 PALM BEACH BLVD Address: City-St-Zip: FORT MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33916 Title: (X) Delete Title: () Change () Addition FARESE, LARRY A Name: Name: C/O 3001 TAMIAMI TRAIL N. Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34101

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD MCBRIDE VP 03/13/2009