

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
19967



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 27 PM 1:41

SECRETARY OF STATE



DOCUMENT # 148379 (1)

1. Corporation Name

SEMINOLE BROADCASTING COMPANY

Principal Place of Business

Mailing Address

~~1788 WEST FOREST HILL BLVD
UNIT # 1
WEST PALM BEACH FL 33414~~

11924 WEST FOREST HILL BLVD
UNIT # 1
WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified
09/02/1946

3a. Date of Last Report
03/10/1995

4. FEI Number

59-0569464

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5202

27 5202

City & State

City & State

23 Ocala FL

28 Ocala, FL

Zip

Country

24 34470

25 MAR. 00

Zip

Country

29 34470

30 MAR. 00

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JOANNE BRISSON

82 Street Address (P.O. Box Number is Not Acceptable)

111 NE 25TH AVE 5202

83

84 City

Ocala

FL

85 Zip Code

34470

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

Signature, typed or printed name of registered agent and title if applicable.

Joanne Brisson

5-23-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☒ DELETE

NAME RIVERS, MARIE B.
STREET ADDRESS 11924 WEST FOREST HILL
CITY-ST-ZIP WEST PALM BCH FL

TITLE PDC ☐ DELETE

NAME CARL W. ELLSPERMAN
STREET ADDRESS 111 NE 25TH AVE 5202
CITY-ST-ZIP Ocala FL 34470

TITLE Secretary/Treasurer ☐ DELETE

NAME Joanne Brisson
STREET ADDRESS 111 NE 25th Avenue, Suite 202
CITY-ST-ZIP Ocala, FL 34470-5605

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Joanne Brisson

Joanne Brisson Sec/Treas

5-23-97

(352) 732-3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)