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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 223862 (4) THE BIG BEND BROADCASTING CORPORATION				A JARIJE MRÍB MADO MARI ERMO BIME MAD AND SON BI	ida salah dilah salah dalah kebi
Principal Place of Business Mailing Address					III DIDIF DIBEL DIDII DIDII 1001
2993 NUTUE		2000 NUTMED CT		<u>.</u>	
TALLAHASSEE EC 32306 TALLAHASSEE FL 32308				DO NOT WRITE IN THIS SPACE	
" / \				3. Date Incorporated or Qualified	
				05/18/1959	
	lace of Business	2a. Mailing Address	<b>.</b>	4. FEI Number	Applied For
	SHAMPOCK EAST	26 3218 SHOWE	lock East	59-0874734	Not Applicable
Suite, Apt.	KASSEE, FL	Suite, Apt. #, etc.	C [ ]	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	16W336E	27 AUAKASSE City & State	<del>, , , , , , , , , , , , , , , , , , , </del>	6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation owes or has paid the cu	
24 323		29 33308 3 Registered Agent	0 USA	Personal Property Tax due June 30.	Yes No
DODSON, WILLIAM'S				Darsh, William 5.	
2993 NUTNEG COURT				t Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32308				18 Stontock East	· <del></del>
			84 City G	llobosece FL	85 Zip Code
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 Jamiliar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Specific typod or printed name of legistered agent and left (Application (NOTE: Registered Agent signature) (NOTE: Registered Agent signature)					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	Paradi municipal	DELETE	1.1 TITLE	Dod SON, Wu. S See adove	Change
NAME	DODSON, WILLIAM S		1.2 NAME	1200 SON, WM. 3	ابرا <u>ا</u>
STREET ADDRESS	2993 NUTMES CT. TALLAHASSER FL 32308		1.3 STREET ADDRESS	San Carlana	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓
CITY-ST-ZIP	VP VP VP	DELETE	1.4 CITY-ST-ZIP	366 6600	
TITLE	HARMON, A.R.	lette	2.1 TITLE		Change Addition
NAME OFFICE APPROVED	C/O WBSC RAPIO STATION	Lelile	2.2 NAME	<b>-</b>	+
STREET ADDRESS	BENNETTSVILLE SC		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ST ST	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	~ 1 A	Change Addition
NAME	DODSON, DOROTHY C		3.2 NAME	Lod 50 N. Horothy	6
STREET ADDRESS	2993 NUTMEG CT ~		3.3 STREET ADDRESS	7710 ×01000	<u></u>
CITY-ST-ZIP	TALLAHASGEE FL 32308		34. CITY-ST-ZIP	Dodson, Porothy 32185HAWROCKE	HOSTE SYMMAILAI
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		{
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		Driett	5.4 CITY - ST - ZIP		Change
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME PERCET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	L <u></u>		6.4 CITY-ST-ZIP		

14. Thereby 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 received 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 attackment with an address.

SIGNATURE:

Uperocloser

Peresident

3/19/98

FILED

Apr 22 1998 8:00am

Secretary of State