

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 25 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **320702** (4)  
1. Corporation Name  
**COMMUNITY SERVICE BROADCASTING INC OF PANAMA CITY**

Principal Place of Business: **3223 MACARROLL DR, BATON ROUGE LA 70809 US**  
Mailing Address: **101 MARINERS ISLAND MANDEVILLE LA 70448 US**

3. Date incorporated or Qualified: **09/07/1967** 3a. Date of Last Report: **08/08/1994**  
4. FEI Number: **59-1172489** Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: **21 101 MARINERS ISLAND** 2a. Mailing Address: **26**  
Suite, Apt. #, etc.: Suite, Apt. #, etc.:  
22 City & State: **27** City & State:  
23 **MANDEVILLE LA** 28 **LA** 29 **70448** 30 **US**

9. Name and Address of Current Registered Agent  
**WINSTANLEY, CHARLES K  
126 LAURIE AVENUE  
P. O. BOX 4398  
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **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 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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>
NAME	<b>WINSTANLEY, CARLIE B</b>
STREET ADDRESS	<b>126 LAURIE AVE</b>
CITY-ST-ZIP	<b>PANAMA CITY, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>WINSTANLEY, CHARLES K</b>
STREET ADDRESS	<b>126 LAURIE AVE</b>
CITY-ST-ZIP	<b>PANAMA CITY, FL 00000</b>
TITLE	<b>V</b>
NAME	<b>UNDERWOOD, WILLIAM</b>
STREET ADDRESS	<b>126 LAURIE AVENUE</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 furnished on this return 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 of the corporation; and that my name appears in Block 12 or Block 13 if applicable, as an attachment with no address.

SIGNATURE: *Charles K. Winstanley* 3/13/95 #504-626-1230  
DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **CHARLES K. WINSTANLEY**