

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90069 029 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 320702

1. Corporation Name
COMMUNITY SERVICE BROADCASTING INC OF PANAMA CIT
Y



Principal Place of Business 101 MARINERS ISLAND MANDEVILLE LA 70448 US	Mailing Address 401 MARINERS ISLAND MANDEVILLE LA 70448 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>7300 LAKE SHORE DR</u>		2a. Mailing Address 26 <u>7300 LAKE SHORE DR</u>		4. FEI Number 59-1172489		Applied For Not Applicable
22 <u>#33</u>		27 <u>#33</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
23 <u>NEW ORLEANS, LA</u>		28 <u>NEW ORLEANS, LA</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24 <u>70124</u>		29 <u>70124</u>		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WINSTANLEY, CHARLES K 126 LAURIE AVENUE <u>4715 THOMAS DR #601</u> P. O. BOX 4398 PANAMA CITY FL 32401 <u>PANAMA CITY BEACH, FL 32408</u>				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83			
84 City		85 Zip Code		FL			

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	WINSTANLEY, CARLIE B <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTANLEY, CARLIE B	1.2 NAME	
STREET ADDRESS	126 LAURIE AVE	1.3 STREET ADDRESS	<u>7300 LAKE SHORE DR. #33</u>
CITY-ST-ZIP	PANAMA CITY, FL 00000	1.4 CITY-ST-ZIP	<u>NEW ORLEANS, LA 70124</u>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTANLEY, CHARLES K	2.2 NAME	
STREET ADDRESS	126 LAURIE AVE	2.3 STREET ADDRESS	<u>7300 LAKE SHORE DR. #33</u>
CITY-ST-ZIP	PANAMA CITY, FL 00000	2.4 CITY-ST-ZIP	<u>NEW ORLEANS, LA 70124</u>
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, WILLIAM	3.2 NAME	
STREET ADDRESS	426 LAURIE AVENUE	3.3 STREET ADDRESS	<u>6901 N. LAGOON #2</u>
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	<u>PANAMA CITY BEACH, FL 32408</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/25/99 DAYTIME PHONE #: 504-284-6080

CR2E034 (1/98)