2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am Secretary of State **DOCUMENT # 352169** 1. Entity Name PLANT CITY BROADCASTER'S, INC. 03-14-2000 90060 047 ***150.00 Principal Place of Business Mailing Address 315 N ALEXANDER ST 315 N ALEXANDER ST PLANT CITY FLA 33566-4303 PLANT CITY FL 33566 **エロエのみひしび** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1274741 Not Applicable Zip ~ Country -Zip -----.Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NASET, BILL Street Address (P.O. Box Number is Not Acceptable) 3306 JUANITA DR PLANT CITY FL 33567 Zip Code City 8. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PD TITLE Oelete TITLE NAME NASET, BILL NAME STREET ADDRESS STREET ADDRESS 3306 JUANITA DR CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 00000 Addition Change ☐ Delete TITLE TITLE NAME NASET, MARK NAME 1214 VICTORIA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Change Addition □ Delete TITLE TITLE MCELVEEN, KIM M. NAME NAME STREET ADDRESS STREET ADDRESS 1212 VICTORIA ST. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE NASET, BEVERLY NAME STREET ADDRESS 3306 JUNANITA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

STREET ADDRESS

CITY-ST-ZIP

□ Delete

VILEPRES. 3-9-00

☐ Change

Addition