


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

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90024 001 \*1,472.50



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 433030**

1. Corporation Name

**DELTONA BROADCASTING COMPANY, INC.**

Principal Place of Business

999 BRICKELL AVENUE  
SUITE 700  
MIAMI FL 33131  
US

Mailing Address

999 BRICKELL AVENUE  
SUITE 700  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1973

4. FEI Number

59-1494518

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8014 SW 135th Street RD  
Suite, Apt. #, etc.

2a. Mailing Address

26 8014 SW 135th Street RD  
Suite, Apt. #, etc.

22 City & State  
Ocala, FL

27 City & State  
Ocala, FL

24 Zip 34473 Country 25 USA

29 Zip 34473 Country 30 USA

9. Name and Address of Current Registered Agent

HUMMERHIELM, SHARON J  
999 BRICKELL AVENUE  
SUITE 700  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	XXX DELETE
NAME	CORTRIGHT, EARLE D JR.	
STREET ADDRESS	999 BRICKELL AVE. STE 700	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	XXX DELETE
NAME	HARDEN, DAVID	
STREET ADDRESS	999 BRICKELL AVENUE STE 700	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUMMERHIELM, SHARON	
STREET ADDRESS	999 BRICKELL AVE STE 700	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Antony Gram	
1.3 STREET ADDRESS	8014 SW 135th Street Road	
1.4 CITY-ST-ZIP	Ocala, FL 34473	
2.1 TITLE	Treasurer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald O. McNelley	
2.3 STREET ADDRESS	8014 SW 135th Street Road	
2.4 CITY-ST-ZIP	Ocala, FL 34473	
3.1 TITLE	Vice President & Corp. Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beth Smith	
4.3 STREET ADDRESS	8014 SW 135th Street Road	
4.4 CITY-ST-ZIP	Ocala, FL 34473	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

Date

305-579-0999

Daytime Phone #

CR2E034 (11/98)

0185782