

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90247 001 *1,472.50

DOCUMENT # 433030

1. Entity Name

DELTONA BROADCASTING COMPANY, INC.

Principal Place of Business

8014 SW 135th Street Road
Ocala, FL 34474

Mailing Address

8014 SW 135th Street Road
Ocala, FL 34473**11040**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1494518Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HUMMERHIELM, SHARON J.
999 Brickell Avenue
Suite 700
Miami, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

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

Signature (Typed or Printed Name of Registered Agent and Title if Applicable)

(NOTE: Registered Agent Signature Required when Relinquishing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See or set a on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GRAM, ANTONY**
STREET ADDRESS **8014 SW 135th Street Road**
CITY-STATE-ZIP **Ocala, FL 34473**TITLE **TD** ☒ Delete
NAME **MCNELLEY, DONALD**
STREET ADDRESS **8014 SW 135th Street Road**
CITY-STATE-ZIP **Ocala, FL 34473**TITLE **VSD** ☐ Delete
NAME **HUMMERHIELM, SHARON**
STREET ADDRESS **999 Brickell Avenue STE 700**
CITY-STATE-ZIP **Miami, FL 33131**TITLE **S** ☐ Delete
NAME **FISHER, BETH**
STREET ADDRESS **8014 SW 135th Street Road**
CITY-STATE-ZIP **Ocala, FL 34473**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE **TD** ☒ Change ☐ Addition
NAME **BATTLE, JOHN**
STREET ADDRESS **8014 SW 135th Street Road**
CITY-STATE-ZIP **Ocala, FL 34473**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE **AS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 contained 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 in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02 305-579-0999(x25)