FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 28, 2002 8:00 am Secretary of State

ONITONIN BUSINESS REPURI	11p1 20, 2002 0:00 am		
DOCUMENT # 506 43 O		Secretary of State 04-28-2002 90780 042 ***150.00	
WESTGATE TV, Inc.	\	:	
DO NOT WRITE IN THIS SPACE			•
2. Principal Place of Business 125 5. Palmetto Ave Po. Box 9308 Suite, Apt. #, etc. 3. Mailing Address Po. Box 9308 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State DAYTONA Beach FL Zip City & State DAYTONA Zip Zip Zip Zip	Beach, FC.	4. FEI Number 59 - 1679619	Applied For Not Applicable 3.75 Additional
32114 · VOLUSIA Zip 32120	USA	Fee	e Required
Name		7. Name and Address of Current Registered Agent	
DO NOT WRITE Street Address		P.O. Box Number is Not Acceptable)	
IN THIS SPACE			·
City To			1 <u>e</u>
7127111	$\underline{\hspace{1cm}}$	sytona Beach FL	Zip Code 32114
8. The above named entity submits this statement for the purpose of changing its re	gistered office or register	ed agent, or both, in the State of Florida.	•
SIGNATURE		·	
	legistered Agent signature required	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150,00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS	TUTO P		
NAME STREET ADDRESS CITY-ST-ZIP DAY-FOR BEACH FC 32114	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE P	TITLE		
NAME Paul N. Upchurch STREET ADDRESS 125 S. Palmetto Aue.	NAME STREET ADDRESS	ADDRESS	
CITY-ST-ZIP Daytona Beach, R 32114	CITY-ST-ZIP		
TITLE MARCO M. Tillation	TITLE		***************************************
STREET ADDRESS 125 S PALMETTO AM.	NAME STREET ADDRESS		
CITY-ST-ZIP Drugtona Beach, FL 32114	CITY-ST-ZIP	DO NOT WRIT	
TITLE NAME	TITLE	IN THIS SPACE	
STREET ADDRESS	NAME STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-7tP	· · · · · · · · · · · · · · · · · · ·	1

13. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE June D. June MARGO M. Ticotson 4-16-02 386-226-4054