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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **529829** **(4)**

1. Corporation Name
MONTEREY TELEVISION CENTER, INC.

Principal Place of Business
1877 S.W. BILTMORE ST.
PORT ST. LUCIE FL 34984

Mailing Address
1877 S.W. BILTMORE ST.
PORT ST. LUCIE FL 34984-3421

3. Date Incorporated or Qualified: 03/22/1977
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business
21 1192 S.W. PELICAN CR.
Suite, Apt #, etc.
22 —
City & State
23 PALM CITY, FL.
Zip 24 34990 Country 25 USA

2a. Mailing Address
26 1192 S.W. PELICAN CR.
Suite, Apt #, etc.
27
City & State
28 PALM CITY
Zip 29 34990 Country 30 USA

4. FEI Number: 59-1739349 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

DEROSA, DOUGLAS L.
1877 S.W.BILTMORE ST.
PORT ST. LUCIE FL. 34984

10. **Name and Address of New Registered Agent**

81 Name: E. DOUGLAS PIPPINS
82 Street Address (P.O. Box Number is Not Acceptable): 1192 S.W. PELICAN CR.
83
84 City: PALM CITY FL 85 Zip Code: 34990

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] E. DOUGLAS PIPPINS 3/15/97
NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DEROSA, DOUGLAS L.		1.2 NAME	DeROSA, DOUGLAS L.	
STREET ADDRESS	1877 S.W.BILTMORE		1.3 STREET ADDRESS	MASH STOMP RD. [P.O. Box 1598]	
CITY-ST-ZIP	PORT ST.LUCIE FL		1.4 CITY-ST-ZIP	MAGGIE VALLEY, N.C. 28751	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	PIPPINS, DOUGLAS		2.2 NAME	PIPPINS, E. DOUGLAS	
STREET ADDRESS	1877 S.W.BILTMORE		2.3 STREET ADDRESS	1192 S.W. PELICAN CR.	
CITY-ST-ZIP	PORT ST.LUCIE FL		2.4 CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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

SIGNATURE ⓧ [signature] E. DOUGLAS PIPPINS 3/15/97 (561) 288-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #