

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90024 035 ***150.00

DOCUMENT # 613761

1. Corporation Name

OGDEN BROADCASTING OF FLORIDA, INC.



Principal Place of Business

**% THE BREEZE
2510 DEL PRADO BLVD.
CAPE CORAL FL 33904**

Mailing Address

**% THE BREEZE
2510 DEL PRADO BLVD.
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1979

4. FEI Number

58-1358962

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUTTING, WILLIAM C.
#3 ISLE RIDGE WEST
HOBE SOUND FL 33455**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **NUTTING, G.O.**
CITY-ST-ZIP **RD# 4, BOX 101**
WHEELING WV

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **NUTTING, W.C.**
CITY-ST-ZIP **#3 ISLE RIDGE WEST**
HOBE SOUND FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **NUTTING, R M**
CITY-ST-ZIP **12 PARK ROAD**
WHEELING WV

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **346 OGLEBAY DRIVE**
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **NUTTING, W O**
CITY-ST-ZIP **RD #4, BOX 101**
WHEELING WV

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS **12 PARK ROAD**
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WITTMAN, D D**
CITY-ST-ZIP **161 DRUID DRIVE**
MCMURRAY PA

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Duane D. Wittman

DUANE D. WITTMAN

5/13/99

(304) 233-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0440140