

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 613761**

1. Entity 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



02172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1358962**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1100000136834  
04/28/04-80101-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	NUTTING, G.O.
STREET ADDRESS	RD# 4, BOX 101
CITY-ST-ZIP	WHEELING, WV
TITLE	DV
NAME	NUTTING, W.C.
STREET ADDRESS	#3 ISLE RIDGE WEST
CITY-ST-ZIP	HOBE SOUND, FL
TITLE	PD
NAME	NUTTING, R M
STREET ADDRESS	366 OGLEBAY DR
CITY-ST-ZIP	WHEELING, WV
TITLE	VSD
NAME	NUTTING, W O
STREET ADDRESS	12 PARK RD
CITY-ST-ZIP	WHEELING, WV
TITLE	T
NAME	WITTMAN, D D
STREET ADDRESS	161 DRUID DRIVE
CITY-ST-ZIP	MCMURRAY, PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Duane D. Wittman **Duane D. Wittman** 4/21/04 (304)233-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #