

1-30-95 8-645 NC 200.00
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 30 PM 12: 07

DOCUMENT # 812601

(3)

1. Corporation Name

HUBBARD BROADCASTING INC

Principal Place of Business

**3415 UNIVERSITY AVE
ST. PAUL MN 55114**

Mailing Address

**3415 UNIVERSITY AVE
ST. PAUL MN 55114**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1958

3a. Date of Last Report

02/04/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

41-0432555

Applied For

☐ Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

V

NAME

MAYASICH, JOHN E.

STREET ADDRESS

3415 UNIVERSITY AVE.

CITY - ST - ZIP

ST PAUL, MN 00000

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

S

NAME

ROMINSKI, KATHRYN HUBBAR

STREET ADDRESS

3415 UNIVERSITY AVE

CITY - ST - ZIP

ST PAUL, MINN 00000

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

CPD

NAME

HUBBARD, STANLEY S

STREET ADDRESS

R.R. #1

CITY - ST - ZIP

LAKELAND, MN 00000

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

VT

NAME

DEENEY, GERALD D

STREET ADDRESS

3415 UNIVERSITY AVENUE

CITY - ST - ZIP

ST. PAUL MN

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

V

NAME

ROSENE, MARVIN L

STREET ADDRESS

9992 DEER RUN DR

CITY - ST - ZIP

PONTE VEDRA BCH, FL00000

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

D

NAME

HUBBARD, KAREN

STREET ADDRESS

R.R. #1

CITY - ST - ZIP

LAKELAND MN

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 resolver 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #