

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



3. Date Incorporated or Qualified  
05/04/1958

3a. Date of Last Report  
01/30/1995

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

4. FEI Number  
41-0432555

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

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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAYASICH, JOHN E.	
STREET ADDRESS	3415 UNIVERSITY AVE.	
CITY-STATE-ZIP	ST PAUL, MN 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROMINSKI, KATHRYN HUBBAR	
STREET ADDRESS	3415 UNIVERSITY AVE	
CITY-STATE-ZIP	ST PAUL, MINN 00000	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	HUBBARD, STANLEY S	
STREET ADDRESS	R.R. #1	
CITY-STATE-ZIP	LAKELAND, MN 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DEENEY, GERALD D	
STREET ADDRESS	3415 UNIVERSITY AVENUE	
CITY-STATE-ZIP	ST. PAUL MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSENE, MARVIN L	
STREET ADDRESS	9692 DEER RUN DR	
CITY-STATE-ZIP	PONTE VEDRA BCH, FL00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBBARD, KAREN	
STREET ADDRESS	R.R. #1	
CITY-STATE-ZIP	LAKELAND MN	

13.		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 119.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)