## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F00000004135 FILED TRIAD BROADCASTING COMPANY, INC. 04 JAN 26 AM 10: 59 SECKETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3000 OLSON RD 2511 GARDEN ROAD, BUILDING A. STE, 104 MONTEREY, CA 93940-5376 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 36-4244580 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CIT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Feld 0026899697; Added tol Frégé 1 4 / 114-01011-018 \*\* 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BENJAMIN, DAVID J III NAME NAME 2511 GARDEN ROAD, BUILDING A, STE. 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTEREY, CA 939405376 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DOUGLAS, THOMAS S NAME NAME STREET ADDRESS 2511 GARDEN ROAD, BUILDING A, STE. 104 STREET ADDRESS MONTEREY, CA 939405376 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME PETERSON, JUDYTH V NAME STREET ADDRESS 2511 GARDEN ROAD, BUILDING A, STE. 104 STREET ADDRESS MONTEREY, CA 939405376 \_\_\_\_\_\_ CITY - ST- ZIP. CITY\_ST\_ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

SIGNATURE: Judy Delus Judy V PETERSON 1/20/04 83/-655-6356

changed, or on an attachmen