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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F05081 (7)  
1. Corporation Name  
SUR ESTE BROADCASTING CORPORATION



Principal Place of Business  
8308 LA SERENA DR  
3314 HENDERSON BLVD., #100  
TAMPA FL 33614  
US

Mailing Address  
C/O GARY NEUBERT  
8308 LA SERENA DR  
TAMPA FL 33614-2739  
US

3. Date Incorporated or Qualified  
11/12/1980

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

4. FEI Number  
59-2871684

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

NEUBERT, GARY  
8308 LA SERENA DR  
TAMPA FL 33614

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
|----------------|----|-------------------|-----------------------|-----------------|-----------|--|----------|--|--------------------|--|-----------------|--|
| TITLE          | DT | WILDER, BRIAN     | 14112 FARMINGTON BLVD | TAMPA, FL 00000 | 1.1 TITLE |  | 1.2 NAME |  | 1.3 STREET ADDRESS |  | 1.4 CITY-ST-ZIP |  |
| NAME           |    |                   |                       |                 | 2.1 TITLE |  | 2.2 NAME |  | 2.3 STREET ADDRESS |  | 2.4 CITY-ST-ZIP |  |
| STREET ADDRESS |    |                   |                       |                 | 3.1 TITLE |  | 3.2 NAME |  | 3.3 STREET ADDRESS |  | 3.4 CITY-ST-ZIP |  |
| CITY-ST-ZIP    |    |                   |                       |                 | 4.1 TITLE |  | 4.2 NAME |  | 4.3 STREET ADDRESS |  | 4.4 CITY-ST-ZIP |  |
| TITLE          | DP | RODRIGUEZ, DENNIS | 3109 W SLIGH AVE      | TAMPA, FL 00000 | 5.1 TITLE |  | 5.2 NAME |  | 5.3 STREET ADDRESS |  | 5.4 CITY-ST-ZIP |  |
| NAME           |    |                   |                       |                 | 6.1 TITLE |  | 6.2 NAME |  | 6.3 STREET ADDRESS |  | 6.4 CITY-ST-ZIP |  |
| STREET ADDRESS |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| CITY-ST-ZIP    |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| TITLE          | DS | NEUBERT, GARY     | 8308 LA SERENA        | TAMPA, FL 00000 |           |  |          |  |                    |  |                 |  |
| NAME           |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| STREET ADDRESS |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| CITY-ST-ZIP    |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| TITLE          |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| NAME           |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| STREET ADDRESS |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| CITY-ST-ZIP    |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| TITLE          |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| NAME           |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| STREET ADDRESS |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |
| CITY-ST-ZIP    |    |                   |                       |                 |           |  |          |  |                    |  |                 |  |

14. I do 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.

SIGNATURE: Gary E. Neubert 4-28-97 8189356301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0361803

CR2E034 (9/96)