

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007458

FILED
Apr 15, 2008
Secretary of State

Entity Name: CHESAPEAKE-PORTSMOUTH BROADCASTING CORPORATION

Current Principal Place of Business:

4190 BELFORT RD., STE. 450
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4190 BELFORT RD., STE. 450
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 56-0794506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM MCBRIDE LAW GROUP, P.A.
135 W. CENTRAL BLVD., STE. 1100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EPPERSON, NANCY
Address: 3780 WILL SCARLET RD.
City-St-Zip: WINSTON-SALEM, NC 27104

Title: D () Delete
Name: MCBRIDE, KRISTINE E.
Address: 5277 ISLEWORTH C.C. DR.
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: EPPERSON, STUART JR.
Address: 4920 KNOB VIEW CT.
City-St-Zip: WINSTON-SALEM, NC 27104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCBRIDE, KRISTINE E.
Address: 11138 BRIDGE HOUSE ROAD
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY EPPERSON

DP

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date