

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90066 014 ***150.00

DOCUMENT # F93000003385

1. Corporation Name

MALRITE COMMUNICATIONS GROUP, INC.

now known as Raycom National, Inc.

Principal Place of Business

800 SKYLIGHT OFFICE TOWER
1660 W. SECOND ST.
CLEVELAND OH 44113-1454
US

Mailing Address

800 SKYLIGHT OFFICE TOWER
1660 W. SECOND ST.
CLEVELAND OH 44113-1454
US

2. Principal Place of Business

21 201 Monroe Street

2a. Mailing Address

26 201 Monroe Street

Suite, Apt. #, etc.

22 20th Floor

Suite, Apt. #, etc.

27 20th Floor

City & State

23 Montgomery, AL

City & State

28 Montgomery, AL

Zip

24 36104

Country

25 USA

Zip

29 36104

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1993

4. FEI Number

34-1743761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current-year intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE

NAME MALTZ, MILTON

STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.

CITY-ST-ZIP CLEVELAND OH

TITLE PC ☒ DELETE

NAME CHAFFEE, JOHN C JR

STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.

CITY-ST-ZIP CLEVELAND OH

TITLE V ☒ DELETE

NAME FIGHT, KEVAN A

STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.

CITY-ST-ZIP CLEVELAND OH

TITLE S ☒ DELETE

NAME MARRA, NICHOLAS M

STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.

CITY-ST-ZIP CLEVELAND OH

TITLE V ☒ DELETE

NAME GREEN, MURRAY

STREET ADDRESS 800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.

CITY-ST-ZIP CLEVELAND OH 44113

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME John E. Hayes

1.3 STREET ADDRESS 201 Monroe Street, 20th Floor

1.4 CITY-ST-ZIP Montgomery, AL 36104

2.1 TITLE V/T/D ☒ Change ☐ Addition

2.2 NAME Paul H. McTear, Jr.

2.3 STREET ADDRESS 201 Monroe Street, 20th Floor

2.4 CITY-ST-ZIP Montgomery, AL 36104

3.1 TITLE V/S ☒ Change ☐ Addition

3.2 NAME Rebecca S. Bryan

3.3 STREET ADDRESS 201 Monroe Street, 20th Floor

3.4 CITY-ST-ZIP Montgomery, AL 36104

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME Melissa D. Trapp

4.3 STREET ADDRESS 201 Monroe Street, 20th Floor

4.4 CITY-ST-ZIP Montgomery, AL 36104

5.1 TITLE V ☒ Change ☐ Addition

5.2 NAME John Spinola

5.3 STREET ADDRESS 4119 West Blue Heron Boulevard

5.4 CITY-ST-ZIP West Palm Beach, FL 33404

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

Rebecca Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

Date

(334) 206-1400

Daytime Phone #

0524280

CR2E034 (11/98)