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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000004084 (0)**

1. Corporation Name

GRANT BROADCASTING SYSTEM II, INC.



Principal Place of Business

Mailing Address

**915 MIDDLE RIVER DRIVE, SUITE 409
FORT LAUDERDALE FL 33303**

**915 MIDDLE RIVER DRIVE, SUITE 409
FORT LAUDERDALE FL 33303**

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 09/08/1993 | 05/30/1995 |
| 22 | City & State | 27 | City & State | 4. FEI Number | Applied For |
| 23 | Zip | 28 | Country | 65-0419403 | Not Applicable |
| 24 | Country | 29 | Zip | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | Country | 30 | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 26 | Country | 31 | Country | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of the type of person (individual or registered agent) authorized to sign

Signature of the Registered Agent (signature required when re-registering)

(DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|---|---|
| TITLE | PYST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANT, MILTON | 1.2 NAME | |
| STREET ADDRESS | 915 MIDDLE RIVER DRIVE, STE. 409 | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | FT. LAUDERDALE FL 33303 | 1.4 CITY-STATE-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANT, MILTON | 2.2 NAME | |
| STREET ADDRESS | 915 MIDDLE RIVER DRIVE, STE. 409 | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | FT. LAUDERDALE FL 33303 | 2.4 CITY-STATE-ZIP | |
| TITLE | AS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOWE, WILLIAM D | 3.2 NAME | |
| STREET ADDRESS | 915 MIDDLE RIVER DRIVE, STE. 409 | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | FT. LAUDERDALE FL 33303 | 3.4 CITY-STATE-ZIP | |
| TITLE | AS | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALLAHAN, CAROL | 4.2 NAME | |
| STREET ADDRESS | 9870 NW 10TH CT | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | PLANTATION FL | 4.4 CITY-STATE-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

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2/5/96

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:

William D. Towe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

305-568-2000

DATE

TELEPHONE NUMBER

CR2E034 (12/95)