

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

100001763661
-04/01/96--01010--020
***800.00

DOCUMENT # F94000001610 (4)

1. Corporation Name

AMERICAN TELECASTING OF JACKSONVILLE, INC.

Principal Place of Business

4065 NORTH STINTON ROAD
SUITE 201
COLORADO SPRINGS CO 80907

Mailing Address

111 S. TEJON
STE. 400A
COLORADO SPRINGS CO 80903
US



2. Principal Place of Business

2a. Mailing Address

21 8936 Western Way

26 5575 Tech Center Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 9

27 Suite 300

City & State

City & State

23 Jacksonville, FL

28 Colorado Springs, CO

Zip

Country

Zip

Country

24 32254

25 USA

29 80919

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/30/1994

3a. Date of Last Report

04/26/1995

4. FLE Number

84-1268202

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 must be a resident of the state)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DEPRIEST, DONALD R
STREET ADDRESS
4065 NORTH STINTON ROAD, STE 201
CITY- ST- ZIP
COLORADO SPRINGS CO

TITLE ☐ DELETE

NAME
GAST, BRIAN E
STREET ADDRESS
4065 NORTH STINTON ROAD, STE 201
CITY- ST- ZIP
COLORADO SPRINGS CO

TITLE ☐ DELETE

NAME
SENEY, RICHARD F
STREET ADDRESS
4065 NORTH STINTON ROAD, STE 201
CITY- ST- ZIP
COLORADO SPRINGS CO

TITLE ☐ DELETE

NAME
MITCHELL, HAUSER R
STREET ADDRESS
153 EAST 53RD STREET, STE. 5801
CITY- ST- ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
HOSTETLER, MITCHELL R
STREET ADDRESS
4065 N. STINTON ROAD, STE. 201
CITY- ST- ZIP
COLORADO SPRINGS CO

TITLE ☐ DELETE

NAME
QUARFORTH, JAMES S
STREET ADDRESS
401 SPRING LANE, STE. 300
CITY- ST- ZIP
WAYNESBORO VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

2. NAME
3. STREET ADDRESS
5575 Tech Center Dr., Ste. 300
4. CITY- ST- ZIP
Colorado Springs, CO 80919

2. TITLE ☒ Change ☐ Addition

3. NAME
Hostetler, Robert D.
4. STREET ADDRESS
5575 Tech Center Drive, Ste. 300
5. CITY- ST- ZIP
Colorado Springs, CO 80919

3. TITLE ☒ Change ☐ Addition

4. NAME
5. STREET ADDRESS
5575 Tech Center Dr., Ste. 300
6. CITY- ST- ZIP
Colorado Springs, CO 80919

4. TITLE ☒ Change ☐ Addition

5. NAME
6. STREET ADDRESS
5575 Tech Center Dr., Ste. 300
7. CITY- ST- ZIP
Colorado Springs, CO 80919

5. TITLE ☒ Change ☐ Addition

6. NAME
7. STREET ADDRESS
Sentman, David K.
5575 Tech Center Drive, Suite 300
8. CITY- ST- ZIP
Colorado Springs, CO 80919

6. TITLE ☒ Change ☐ Addition

7. NAME
8. STREET ADDRESS
5575 Tech Center Drive, Suite 300
9. CITY- ST- ZIP
Colorado Springs, CO 80919

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

714-240-5180

CR2E034 (12/95)

3-29-1996