

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001731

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: TAMPA BAY BROADCASTING, INC.

## Current Principal Place of Business:

ONE BUCCANEER PLACE  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

ONE BUCCANEER PLACE  
ATTN: ROXANNE KOSARZYCKI  
TAMPA, FL 33607

## New Mailing Address:

FEI Number: 65-0572491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JENNEWEIN, JONATHAN P ESQ  
101 E. KENNEDY BLVD., SUITE 3700  
TAMPA, FL 33602      US

## Name and Address of New Registered Agent:

KOSARZYCKI, ROXANNE R ESQ  
ONE BUCCANEER PLACE  
TAMPA, FL 33607      US

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: ROXANNE KOSARZYCKI

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: GLAZER, MALCOLM I  
Address: 1482 SOUTH OCEAN BOULEVARD  
City-St-Zip: PALM BEACH, FL 33480

Title: VD ( ) Delete  
Name: GLAZER, BRYAN G  
Address: ONE BUCCANEER PLACE  
City-St-Zip: TAMPA, FL 33607

Title: VTD ( ) Delete  
Name: GLAZER, JOEL M  
Address: ONE BUCCANEER PLACE  
City-St-Zip: TAMPA, FL 33607

Title: V ( ) Delete  
Name: GLAZER, ED  
Address: ONE BUCCANEER PLACE  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition  
Name: GLAZER, MALCOLM I  
Address: ONE BUCCANEER PLACE  
City-St-Zip: TAMPA, FL 33607

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL GLAZER

VTD

04/05/2006

Electronic Signature of Signing Officer or Director

Date