

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # F95000003484 (1)

1. Corporation Name

PETRA COM BROADCASTING, INC.



Principal Place of Business

1527 NORTH DALE MABRY HIGHWAY
SUITE 105
LUTZ FL 33549

Mailing Address

1527 NORTH DALE MABRY HIGHWAY
SUITE 105
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3324159

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

22

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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

Joseph M. Fry

82

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

1527 North Dale Mabry Highway

83

Suite 105

84

City

Lutz

FL

85

Zip Code

33549

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.

Joseph M. Fry, CFO/VP

01/09/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEOP ☐ DELETE
NAME ASH, HENRY A
STREET ADDRESS 1527 NORTH DALE MABRY HIGHWAY, SUITE 105
CITY - ST - ZIP LUTZ FL 33549

TITLE EV ☐ DELETE
NAME TRICKEY, HOWARD
STREET ADDRESS 1527 NORTH DALE MABRY HIGHWAY, SUITE 105
CITY - ST - ZIP LUTZ FL 33549

TITLE CFOV ☐ DELETE
NAME FRY, JOSEPH
STREET ADDRESS 1527 NORTH DALE MABRY HIGHWAY, SUITE 105
CITY - ST - ZIP LUTZ FL 33549

TITLE COOV ☐ DELETE
NAME GRABER, GREGORY
STREET ADDRESS 1527 NORTH DALE MABRY HIGHWAY, SUITE 105
CITY - ST - ZIP LUTZ FL 33549

TITLE S ☐ DELETE
NAME MARSH, CHARLENE
STREET ADDRESS 1527 NORTH DALE MABRY HIGHWAY, SUITE 105
CITY - ST - ZIP LUTZ FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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.

SIGNATURE:

RECEIVED

Joseph M. Fry, CFO/VP

01/09/98

(813) 948-2554

CR2E034 (10/97)