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

PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000006121

Principal Place of Business

WAITT BROADCASTING, INC.

PO BOX 960 DAKOTA DUNES SD 57049		PO BOX 980 DAKOTA DUNES SD 57049		DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 1/04/1998 		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>	pplied For	
21		26		46-0448184		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	*	Additional equired
22		27					<u> </u>
City & State		⊢ ¬ ′	City & State		6. Election Campaign Financing		May Be to Fees
23 Country		28	B Zip Country		Trust Fund Contribution		torees
Zip		— — · — —			This corporation owes the current year Personal Property Tax.	ntangible ☐ Yes	XXNo
24 25 9. Name and Address of Curren					10. Name and Address of New Registere		
	9. Name and Address of Current	. Registered Agein	81	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
COR	PORATION SERVICE COMPANY		82				
1201 HAYS STREET				Street /	Address (P.O. Box Number is Not Acceptable)		
TALL	AHASSEE FL 32301-2525		83		-		
			84	City	_	. 85 Zip	Code
			1	<u> </u>	F		114
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autho	orizea by	tne corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	ointment as re	agistered
SIGNATURE	Signature, typed or printed name of registered agen	and little if applicable (NOTE: Rec	ristered Age	nt signature re	equired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	С	☐ DELETE	1.1 TITLE		Chairman/Director	☐ Change	
NAME	WAITT, NORMAN W JR.		1.2 NAME				
STREET ADDRESS	13906 GOLD CIRCLE, STE. 201		1.3 STREE	TADDRESS			
CITY-ST-ZIP	DMAHA NE 68144 140		1.4 CITY-S	T-ZIP			
TITLE	С	☐ DELETE	2.1 TITLE		Vice Chairman/Director	XX Change	Addition
NAME	SELINE, STEVEN W		2.2 NAME				
STREET ADDRESS	13906 GOLD CIRCLE, STE. 201		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	OMAHA NE 68144		2. 4 CITY-	ST-ZIP			
TITLE	DP	☐ DELETE	3.1 TITLE	ļ		☐ Change	☐ Addition
NAME	DELICH, MICHAEL J		3.2 NAME				
STREET ADDRESS	13906 GOLD CIRCLE, STE. 201		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	OMAHA NE 68144		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	IT-ZIP		[] Ob	☐ Addition
TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ occurr	5.4 CITY-S 6.1 TITLE	T-ZIP		Change	Addition
TITLE		☐ DELETE	0.1 IIILE			Change	☐ vaginoti

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Steven W. Seline

402-330-2520

May 17, 1999 8:00 am Secretary of State

05-17-1999 90025 044 ***150.00

CR2E034 (11/98)

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