

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000006747**

1. Entity Name  
**GORE-OVERGAARD BROADCASTING, INC.**



Principal Place of Business  
**11310 E. ARABIAN PARK DR.  
SCOTTSDALE, AZ 85259**

Mailing Address  
**PO BOX 2164  
LA GRANGE, IL 60525**



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-3445813**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	OVERGAARD, CORDELL J
STREET ADDRESS	11310 E ARABIAN PARK DR
CITY-ST-ZIP	SCOTTSDALE, AZ 85259
TITLE	VAS
NAME	MCMASTER, WILLIAM G JR
STREET ADDRESS	495 OAK STREET
CITY-ST-ZIP	GLEN ELLYN, IL 60137
TITLE	TCEO
NAME	GORE, HAROLD W
STREET ADDRESS	1000 OLDE DOUBLOON DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	AS
NAME	CARRARA, SHARON
STREET ADDRESS	813 S. 8TH AVE
CITY-ST-ZIP	LA GRANGE, IL 60525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/07-80062-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Carrara, Asst. Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/07* *708/579-9831*  
Date Daytime Phone #

*SHARON CARRARA*