

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000006747 1. Entity Name GORE-OVERGAARD BROADCASTING, INC.	
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Principal Place of Business 11310 E. ARABIAN PARK DR. SCOTTSDALE, AZ 85259	Mailing Address PO BOX 2164 LA GRANGE, IL 60525
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3445813	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OVERGAARD, CORDELL J 11310 E ARABIAN PARK DR SCOTTSDALE, AZ 85259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MCMASTER, WILLIAM G JR 495 OAK STREET GLEN ELLYN, IL 60137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCEO GORE, HAROLD W 1000 OLDE DOUBLOON DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARRARA, SHARON 813 S. 8TH AVE LA GRANGE, IL 60525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000859717
04/02/08-80033-013 150.00

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. 3.8.08 708.579.9831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SHARON CARRARA