FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G24894** **(9)**

1. Corporation Name

BUDD BROADCASTING COMPANY, INC.

Principal Place of Business

930 ~~909~~ NW 8TH AVE.
GAINESVILLE FL 32601

Mailing Address

930 ~~909~~ NW 8TH AVE.
GAINESVILLE FL 32601

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **02/16/1983**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-2921469** Applied For / Not Applicable

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

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

8. Does corporation qualify for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUDD, HARVEY M.
930 NW 8TH AVE.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the above corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation agrees that it will comply with the laws of this state that are applicable to the performance of its duties as a registered agent. I am familiar with and accept the obligations of a registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	PD	☐ DELETE
NAME	BUDD, HARVEY M.	
STREET ADDRESS	3111 NW 9TH PLACE	
CITY, ST, ZIP	GAINESVILLE FL 32605	
TYPE	DVP	☐ DELETE
NAME	HENNES, CAROL	
STREET ADDRESS	21 SOUTHWEST 63RD AVE.	
CITY, ST, ZIP	PLANTATION FL	
TYPE	DST	☐ DELETE
NAME	BUDD, ILENE S.	
STREET ADDRESS	3111 NW NINTH PLACE	
CITY, ST, ZIP	GAINESVILLE FL 32605	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this report, to the best of my knowledge and belief, is true and complies with the requirements of Section 607.193, Florida Statutes. I further certify that the information supplied for the current report is true and complete as of the date of this report. Signature shall have the same effect as if made under oath. That I am an officer or director of the corporation or a person authorized by the corporation 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 in a separate typed or printed statement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

352-371-7772