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# Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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 | Mailing Address |
|---|---|
| ~~930 NW 8TH AVE.~~<br>GAINESVILLE FL 32601 | ~~909 NW 8TH AVE.~~<br>GAINESVILLE FL 32601-5071 |

3. Date Incorporated or Qualified: 02/16/1983
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21: 4490 NW 93RD
22: Suite, Apt. #, etc.
23: GAINESVILLE FL.
24: 32653
25: Country

2a. Mailing Address
26: 4490 NW 93RD
27: Suite, Apt. #, etc.
28: GAINESVILLE FL
29: 32653
30: Country

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. This corporation has liability 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 Number is Not Acceptable): 4490 NW 93RD
83
84 City: GAINESVILLE FL 85 Zip Code: 32653

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUDD, HARVEY M. | | 1.2 NAME | | |
| STREET ADDRESS | 3111 NW 9TH PLACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | DVP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HENNES, CAROL | | 2.2 NAME | | |
| STREET ADDRESS | 21 SOUTHWEST 63RD AVE. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLANTATION FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | DST | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUDD, ILENE S. | | 3.2 NAME | | |
| STREET ADDRESS | 3111 NW NINTH PLACE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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.

**SIGNATURE:** SIGNATURE REQUIRED 4/7/97 352-371-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #