Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90029 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G24894

1. Corporation Name BUDD BROADCASTING COMPANY, INC.		•						
Principal Place of Business Mailing A	ddress				1 1084111 9840 41811 84801 40110		i alail bibil ali	OLI OIBIL 1601
4190 NW 93 AVE GAINESVILLE FL 32653 US 4190 NW 93 AVE GAINESVILLE FL 32653 US					DO NOT W	RITE IN THIS SI	PACE	
					 Date Incorporated or Qualife 02/16/1983 	d		
2. Principal Place of Business 2a. Mailin	g Address				4. FEI Number		App	lied For
21 26 26					59-2921469			Applicable
- ·	Apt. #, etc.						\$8:75 A	dditional
22 27	, ,				5. Certificate of Status Desired		Fee Red	quired
	State				6. Election Campaign Financing		\$5.00 N	May Be
23 28				}	Trust Fund Contribution	⁹	Added to	Fees
Zip Country Zip	30	Country			This corporation owes the cur- Personal Property Tax.			□No
24 25 29 29 9. Name and Address of Current Registered A					10. Name and Address of New	Registered Ag	gent	
or raile and radiose or general regions a		81	Name					
BUDD, HARVEY M.		92	Ctroot	Addross	(D.O. Box Number is Not Accer	ntable)		\dashv
4190 NW 93 AVE		62	82 Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE FL 32653		83						
							85 Zip C	
		84	,			FL	'	
Pursuant to the provisions of Sections 607.0502 and 607.150 office or registered agent, or both, in the State of Florida. Sucagent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature State S	n 607.0505, Florida	Statutes.				DATE DATE	nent as reg	istered
agent. I am familiar with, and accept the obligations of, Section	Ne. (NOTE: Regi	Statutes.			board of directors. I hereby acc	DATE		
agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicated the control of t	Ne. (NOTE: Regi	istered Agen			en reinstating)	DATE OFFICERS AND		
agent. I am familiar with, and accept the obligations of, Sectic SIGNATURE Signature, typed or printed name of registered agent and title if applicat 12. OFFICERS AND DIRECTOR TITLE PD	NOTE: Regi	istered Agen			en reinstating)	DATE OFFICERS AND	DIRECTOR	RS IN 12
agent. I am familiar with, and accept the obligations of, Sectic SIGNATURE Signature, typed or printed name of registered agent and title if applicat 12. OFFICERS AND DIRECTOR TITLE PD	NOTE: Regi	istered Agen 13. 1.1 TITLE	it signature	required wh	en reinstating)	DATE OFFICERS AND	DIRECTOR	RS IN 12
SIGNATURE Signature, typed or printed name of registered agent and title if applicat 12. OFFICERS AND DIRECTOR TITLE PD NAME STREET ADDRESS 3111 NW 9TH PLACE	NOTE: Regi	istered Agen 13. 1.1 TITLE 1.2 NAME	at signature	required wh	en reinstating)	DATE OFFICERS AND	DIRECTOR	RS IN 12
agent. I am familiar with, and accept the obligations of, Sectic SIGNATURE Signature, typed or printed name of registered agent and title if applicat 12. OFFICERS AND DIRECTOR TITLE PD NAME BUDD, HARVEY M.	Ne. (NOTE: Regi	istered Agen 13. 1.1 TITLE 12 NAME 1.3 STREET	at signature	required wh	en reinstating)	DATE DFFICERS AND	DIRECTOR	RS IN 12
SIGNATURE Signature, typed or printed name of registered agent and title if applicated agent ag	Ne. (NOTE: Regi	istered Agen 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	at signature	required wh	en reinstating)	DATE DFFICERS AND	DIRECTOR ☐ Change	RS IN 12
SIGNATURE Signature, typed or printed name of registered agent and title if applicated agent ag	Ne. (NOTE: Regi	istered Agen 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	at signature ADDRESS T-ZIP	required wi	en reinstating)	DATE DFFICERS AND	DIRECTOR ☐ Change	RS IN 12
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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:

STREET ADDRESS

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3/3./99</u>

352-371-777Z

1/98)