

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90002 030 ***150.00

DOCUMENT # G63294	
1. Entity Name ALPINE BROADCASTING CORPORATION	
Principal Place of Business 11800 TAMiami TRAIL EAST NAPLES, FL 34113	Mailing Address 11800 TAMiami TRAIL EAST NAPLES, FL 33962 34113



07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2360060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRUGGER, JOHN N., ESQ.
600 FIFTH AVE. SOUTH
SUITE 210
NAPLES, FL 33940**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ALPERT, NORMAN R.
STREET ADDRESS	217 BAYFRONT DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	ALPERT, NORMAN R
STREET ADDRESS	217 BAYFRONT DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	S
NAME	ALPERT, DONNA L
STREET ADDRESS	217 BAYFRONT DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Norman R. Alpert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/07 *239-775-9288*
Date Daytime Phone #