

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 12:48

DOCUMENT #H03874

1. Corporation Name

WXCW Broadcasting Company, Inc.

Principal Place of Business **Same As** Mailing Address

112 North Orange Avenue
Brooksville, FL 34601

REINSTATEMENT 85-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 5/16/84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2579617	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres Dir	Robert Bruce Snow	112 North Orange Avenue	Brooksville, FL34601
VP Dir	Steve Manuel	200 North Avenue	Brooksville, FL 34601
Sec Dir	Barbara Manuel	200 North Avenue	Brooksville, FL 34601
Treas Dir	Cynthia Snow	112 North Orange Avenue	Brooksville, FL 34601
			<i>RS 10/26</i>

8. Name and Address of Current Registered Agent Same as		9. Name and Address of New Registered Agent	
Robert Bruce Snow 112 North Orange Avenue Brooksville, FL 34601		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 100003026561--4	
		City ***2228. State ***2228.75 FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Robert Bruce Snow* Date **10/18/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Robert Bruce Snow* Date **10/18/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Bruce Snow Daytime Phone # **(352) 796-1441**

CR22001 (12/98)