


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90012 037 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **H14605** ✓
1. Corporation Name
BEASLEY-REED BROADCASTING OF MIAMI, INC.

Principal Place of Business
**3033 RIVIERA DR. SUITE 200
NAPLES FL 33940**

Mailing Address
**3033 RIVIERA DR. SUITE 200
NAPLES FL 33940**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1984

4. FEI Number
58-1647451

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent
**BEASLEY, GEORGE G
BEASLEY BROADCAST GROUP
3033 RIVIERA DR., SUITE 200
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEASLEY, GEORGE		1.2 NAME Caroline Beasley	
STREET ADDRESS 3033 RIVIERA DR., #200		1.3 STREET ADDRESS 3033 Riviera Drive, Suite 200	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP Naples, Florida 34103	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEASLEY, SHIRLEY W.		2.2 NAME	
STREET ADDRESS 3033 RIVIERA DR., #200		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP	
TITLE SVD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REED, GREGORY J.		3.2 NAME	
STREET ADDRESS 20295 NW SECOND AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REED, MARIANA		4.2 NAME	
STREET ADDRESS 20295 NW SECOND AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Caroline Beasley
Signature and typed or printed name of signing officer or director Date _____ Daytime Phone # _____

CR2E034 (5/99)