

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90099 043 ***150.00

DOCUMENT # H40314

1. Corporation Name

SOUTHERN BROADCAST GROUP, INC.



Principal Place of Business

% J. BRUCE IRVING
501 BRICKELL KEY DR 300
MIAMI FL 33131-9608

Mailing Address

% J. BRUCE IRVING
501 BRICKELL KEY DR 300
MIAMI FL 33131-9608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1985

4. FEI Number

59-2548709

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 Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

IRVING, J. BRUCE
501 BRICKELL KEY DR., #300
MIAMI FL 33131

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

Douglas C. Barker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-99

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME IRVING, J. BRUCE
STREET ADDRESS 501 BRICKELL KEY DR
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME BARKER, DOUGLAS C.
STREET ADDRESS 5300 OCEAN BLVD 904
CITY-ST-ZIP SARASOTA FL

TITLE DVT ☐ DELETE

NAME CALVO, J. MANUEL
STREET ADDRESS 10900 S.W. 139 RD
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME LEIBOWITZ, MATTHEW L.
STREET ADDRESS ONE S.E. THIRD AVE. #1450
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6412 WOODLAKE ROAD
JUPITER, FL 33458

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.

SIGNATURE:

Douglas C. Barker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Date

561-659-4122

Daytime Phone #

CD02034 1/1/03

0186764