FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 1:55

DOCUMENT # J14879 (7)

1. Corporation Name
SOUTHERN BROADCAST CORPORATION OF SARASOTA

Principal Place of Business	Mailing Address
~~N. J. BRUCE IRVING, ESQ.~~ 501 BRICKELL KEY DRIVE, SUITE 300 MIAMI FL 33131-2608	C/O J. BRUCE IRVING, ESQ. 501 BRICKELL KEY DRIVE, SUITE 300 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1986
3a. Date of Last Report: 05/11/1994

21 2. Principal Place of Business: 5725 Lawton Drive
26 2a. Mailing Address:
4. FEI Number: 59-2698542 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State: Sarasota, Florida
28 City & State:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip: 34233 25 Country:
29 Zip: 30 Country:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IRVING, J. BRUCE
501 BRICKELL KEY DRIVE
SUITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CRUMLEY, STANLEY B	1.2 NAME	
STREET ADDRESS	5725 LAWTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, ROBERT R	2.2 NAME	
STREET ADDRESS	212 TREMONT LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, DOUGLAS C	3.2 NAME	
STREET ADDRESS	~~5300 OCEAN BLVD~~ 3970 RCA Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~SARASOTA FL~~ Palm Beach Gardens, FL 33410	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CAROLYN C.	4.2 NAME	
STREET ADDRESS	8400 ROUTE 13	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEVITTOWN PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, SHIRLEY C.	5.2 NAME	
STREET ADDRESS	8400 ROUTE 13	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEVITTOWN PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, SANDRA C.	6.2 NAME	
STREET ADDRESS	8400 ROUTE 13	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEVITTOWN PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stanley B. Crumley STANLEY B CRUMLEY PRESIDENT 1-27-95 813-923-8840
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0100741 CP