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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # J14879 (7)

1. Corporation Name
SOUTHERN BROADCAST CORPORATION OF SARASOTA

Principal Place of Business
5725 LAWTON DRIVE
SARASOTA FL 34233
US

Mailing Address
C/O J. BRUCE IRVING, ESQ.
501 BRICKELL KEY DRIVE, SUITE 300
MIAMI FL 33131-2608
US

3. Date Incorporated or Qualified: 05/16/1986
3a. Date of Last Report: 04/02/1996
4. FEI Number: 59-2698542 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 5725 Lawton Drive
Suite, Apt. #, etc.
22
City & State
23 Sarasota FL
Zip
24 34233
Country
25

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

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	BIRCH, EDWARD J	
STREET ADDRESS	8400 ROUTE 13	
CITY-ST-ZIP	LEVITTOWN PA	
TITLE	D	☐ DELETE
NAME	NELSON, ROBERT R	
STREET ADDRESS	212 TREMONT LN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	BARKER, DOUGLAS C	
STREET ADDRESS	3970 RCA BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	PD	☐ DELETE
NAME	SMITH, CAROLYN C	
STREET ADDRESS	8400 ROUTE 13	
CITY-ST-ZIP	LEVITTOWN PA	
TITLE	VD	☐ DELETE
NAME	ELLIS, SHIRLEY C	
STREET ADDRESS	8400 ROUTE 13	
CITY-ST-ZIP	LEVITTOWN PA	
TITLE	SD	☐ DELETE
NAME	HARDY, SANDRA C	
STREET ADDRESS	8400 ROUTE 13	
CITY-ST-ZIP	LEVITTOWN PA	

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		

CR2E034 (9/96)

14. I do 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: Carolyn C. Smith 1/14/97 (941) 923-8840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #