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03-01-1999 90060 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J14879

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1986

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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

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

(NOTE: Registered Agent signature required when retitling)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME BIRCH, EDWARD J
STREET ADDRESS 8400 ROUTE 13
CITY-ST-ZIP LEVITTOWN PA

V ☐ DELETE

NAME CALVO, MANUEL J
STREET ADDRESS 5725 AWTON DR
CITY-ST-ZIP SARASOTA FL

D ☒ DELETE

NAME BARKER, DOUGLAS C
STREET ADDRESS 3970 RCA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL

PD ☐ DELETE

NAME SMITH, CAROLYN C
STREET ADDRESS 8400 ROUTE 13
CITY-ST-ZIP LEVITTOWN PA

VD ☐ DELETE

NAME ELLIS, SHIRLEY C
STREET ADDRESS 8400 ROUTE 13
CITY-ST-ZIP LEVITTOWN PA

VSD ☐ 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

D ☒ Change ☐ Addition
Leibowitz, Matthew L
One SE Third Ave. Ste. 1450
Miami, FL 33131

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: *Manuel J. Calvo* J. MANUEL CALVO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 923-8840

Daytime Phone #

0196811