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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>19</u>98

DOCUMENT # J21914 (3) WODLINGER BROADCASTING OF NAPLES, INC.					11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Plac	e of Business	Mailing Address			ON ENDIN BIRTH BIRTH BIRTH TRE
3355 TAMIAMI TRAIL NO NAPLES FL 34103 US		C/O STEVEN E. CLARK. CPA 700 11TH ST. SOUTH. #PH3 NAPLES FL*83946~ US		DO NOT WRITE IN THI	S SPACE
		•		07/01/1986	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-2715707	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		Cily & State			Fee Required
_ `	Ө	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> Zip	Country	Zip	Country	This corporation owes or has paid the corporation of the corporation ower or has paid the corporation of the corporati	
24	25		0	Personal Properly Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
WODLINGER, STEPHEN 134 TUPELO ROAD NAPLES FL 34108			81 Name 82 Street A 700 83	ddress (P.Q. Box Number is Not Acceptable)	CPO_ B5 Zip Code L 34102
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 tile dapplicable (NOTI	Registered Agent signature of	equired when hins(ating) DATE	1180119 T
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD STERLING P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WODLINGER, STEPHEN R. 134 TUPELO RD.		1.2 NAME		
STREET ADDRESS	NAPLES FL		1.3 STREET ADDRESS		{
CITY-ST-ZIP	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	WODLINGER, KEVIN M.		2.2 NAME		
STREET ADDRESS	805 HAMPTON PLACE RD.		2.3 STREET ADDRESS	<b>.</b>	
CITY-ST-Z#P	MONETT MO		2. 4 CITY-ST-ZIP		
TITLE	10	☐ DELETE	3.1 TITLE		Change Addition
NAME	WODLINGER, MICHAEL H.		3.2 NAME		
STREET ADDRESS	4716 WEST 86TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PRAIRIE VILLAGE KS		3 4. CITY-ST-ZIP		-
TITLE	\$	DELETE	4.1 TITLE		Change Addition
NAME	Steven E Clark, 700 11th St. S. #1	,cpa	4. 2 NAME	Steven E- Clark CPa	_
STREET ADDRESS	100 1140 84 8 4	eh3	4.3 STREET ADDRESS	100 11th 24'2' # h13	
CITY-ST-ZIP TITLE	119612 7 + 13411	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Steven E. Clark CPa 700 11th St. S, # PH3 Maple, 71 34102	Change Addition
NAME		E Dittie	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	i i		6.2 NAME		. – .
STREET ADDRESS	e '		6.3 STREET ADDRESS		

64 City-St-ZIP
 14. I hereby certify that the information supplied with this filling 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 suppliemental 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.

MONATURE HOUSE C CO

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**FILED** 

May 01 1998 8:00am

Secretary of State