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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J64324

(3)

Mailing Address

PUBLIC INTEREST BROADCAST GROUP, INC.

820 W SECOND ST OTTUMWA 10 52501 US				12334 SUMMERPORT LANE WINDERMERE FL 34786-7511										
									 Date Incorporated 03/30/1987 	or Qualified	3a. Da 04/1	te of L 8/19		port
·····	Place of Business	2a. Mailu	2a. Mailing Address					4. FEI Number				Applied For		
21	4 -1-	26						42-1295643					Applicable	
Suite, Apt.		27						5. Certificate of Statu	e of Status Desired Sa.75 Additional Fee Required					
City & State			28 City 8	City & State					6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to					
Zip	L,	Country	Zip Cou			intry	ntry		8. This corporation has liability for intangible tax_under s. 199.032,					
24	25		29		30	1			Florida Statutes			No		
EMO		Address of Curren	t Hegistered	Agent		61	Name		10. Name and Addre	ss of New Re	gistered /	\gent		
	BSTROM, DEAN 34 SUMMERPO					61	ivame							
	34 SUMMERPU DERMERE FL 3				62	82 Street Address (P.O. Box Number is Not Acceptable)								
77117	DENMENE FL 3	PH (00				B3								
						00								
						64	City		<u> </u>		FL	85	Zip (ode
11. Pursuant	to the provisions	of Sections 607 050.	2 and 607, 150	8. Florida Statu	tes, the a	bove	-named	cornor	ration submits this state	ment for the n	urnoen of	chann	ning its	registered
office or r	registered agent, i	or both, in the State nd accept the obliga	of Florida, Sui	ch change was	authorize	d bv	the cor	poratio	n's board of directors. I	hereby accer	ot the app	ointme	int as i	egistered
SIGNATURE	Storator- typed or por	Not came of registered age	ot and tile 1 annu.	able (NO	TF: Renistera	d dose	ot signature	e required	when reinstating)		DATE			
12.		OFFICERS AND			13.	a riga	T digitation	o roquipa	ADDITIONS/CHANG	ES TO OFFIC		DIRE	CTOR!	S IN 12
TITLE	D			DELETE	1 1 T	TLE		T				☐ Ch		Addition
NAME	ENGSTROM,				12 N	AME							_	
STREET ADDRESS		ERPORT LANE			1.3 \$	TREET	ADDRESS							
CITY-S1-7IP	WINDERMER	E FL			1.4 0	ITY-SI	T-ZIP		4					
THILE	D	# LINE 2		DELETE	2.1 Ti	TLE						Ch	ange	☐ Addition
NAME	ENGSTROM,				22 N	AME								
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TITLE				L DELETE	311	TLF						☐ Ch	ange	Addition
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NAME STREET ADDRESS					5.2 N		*DDDccc							
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NAME					6.2 N							اان لیسا	er i Ao	Audition
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP														
14. I do hereb	by certify that the	information supplied	d with this filing	g does not qual	ify for the	TY-\$1 exer	mption s	tated in	n Section 119 07(3)(i), F	lorida Statute	s I further	certife	that t	he
informatio I am an ol	an indicated on thi Africer or director o	is annual report or s	upplemental a the receiver c	innual report is or trustee empoy	true and a wered to e	accu	rate and	d that m	ny signature shall have as required by Chapter	ihe same lega	l effect as	if mad	ia uno	er nath: tha