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

APPROVED AND FILED
95 MAR 23 PM 12:4[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K97185 (8)

1. Corporation Name
SOUTHWESTERN BROADCASTING CORPORATION

Principal Place of Business	Mailing Address
% THOMAS JOSEPH CRANE 432 BAYSIDE AVE. NAPLES FL 33963-2315	% THOMAS JOSEPH CRANE 432 BAYSIDE AVE. NAPLES FL 33963-2315

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/21/1989
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21: 853 VANDERBILT BEACH RD
Suite, Apt. #, etc.
22: SUITE 14
City & State
23: NAPLES, FL.
Zip: 24: 33963
Country: 25: USA

2a. Mailing Address
26: 853 VANDERBILT BEACH RD
Suite, Apt. #, etc.
27: SUITE 14
City & State
28: NAPLES, FL.
Zip: 29: 33963
Country: 30: USA

4. FEI Number: 65-0160617 ☐ 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

9. Name and Address of Current Registered Agent

CRANE, MICHAEL E.
4501 TAMIAMI TRAIL
NAPLES FL 33940

10. Name and Address of ~~New~~ Registered Agent

81 Name: CRANE, MICHAEL E.
82 Street Address (P.O. Box Number is Not Acceptable): 853 VANDERBILT BEACH ROAD
83: SUITE 14
84 City: NAPLES, 85 FL Zip Code: 33963

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	DPS	1.1 TITLE	DPST	☐ Change ☐ Addition
NAME	CRANE, THOMAS JOSEPH	1.2 NAME		
STREET ADDRESS	432 BAYSIDE AVE.	1.3 STREET ADDRESS	CRANE, THOMAS J.	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	432 BAYSIDE AVE.	
TITLE	T	2.1 TITLE	NAPLES, FL 33963	☐ Change ☐ Addition
NAME	CRANE, THOMAS JOSEPH	2.2 NAME		
STREET ADDRESS	432 BAYSIDE AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Thomas J. Crane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS J. CRANE 3/14/95 (813) 597-7397
Date (Area Code) Telephone Number

0331600 CP