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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L17476**

1. Corporation Name

WESTSHORE BROADCASTING, INC.

Principal Place of Business	Mailing Address
311 112TH AVENUE, N.E.	311 112TH AVENUE, N.E.
ST. PETERSBURG FL 33716	ST. PETERSBURG FL 33716

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90070 010 \*\*\*158.75



rincipal r	Place of Business	Mailing Address			•				
311 112TH AVENUE, N.E. 311 112TH AVENUE, N.E. ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716					DO NOT WRITE IN THI	S SPACE			
					3. Date Incorporated or Qualifed 09/21/1989				
2. Principa	al Place of Business	2a. Mailing Address 26			4. FEI Number 59-2970505	Applied For Not Applicable			
Suite, /	Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City &	State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country Zip (25 29 30 30 30 30 30 30 30 30 30 30 30 30 30		Country		This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
SMITH, MIKE 311 112TH AVENUE, NE ST. PETERSBURG FL 33716			81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)					
			84	City	FI	85 Zip Code			

OLONATURE.	·					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE	
2. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12
TITLE	PD DEL	ETE	1.1 TITLE		☐ Change	Addition
NAME	ROSEMAN, RONALD L.	i	1.2 NAME			
STREET ADDRESS	311 112TH AVE N.E.		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33716	_	1.4 CITY-ST-ZIP			
TITLE	<b>VD</b> □ DEL	ETE	2.1 TITLE		☐ Change	Addition
NAME	ROSEMAN, ED		2.2 NAME			
STREET ADDRESS	4244 W. WATERS AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614		2. 4 CITY-ST-ZIP			
TITLE	ST DEL	LETE	3.1 TITLE		☐ Change	Addition
NAME	SMITH, MIKE		32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33716	_	3.4. CITY- ST-ZIP			
TITLE	☐ DEL	.ETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			l
CITY-ST-ZIP			4.4 CITY-ST-ZIP			<u></u>
TITLE	( DEL	.ETE	5.1 T/TLE		☐ Change	Addition
NAME			5.2 NAME			{
STREET ADDRESS			5.3 STREET ADDRESS			
CITI' ST-ZIP			5.4 CITY-ST-ZIP			
ШЩ	□ DEL	ETE	6.1 TITLE		☐ Change	☐ Addition
-			6.2 NAME			
ADDRESS			6.3 STREET ADDRESS			
ST-ZIP			6.4 CITY-ST-ZIP			

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.