2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L22858 1. Entity Name HORTON BROADCASTING COMPANY, INC.						FILED				
Principal Place of Business Mailing Address					_	00 00	i ib Af	111:12		
1000 NW ALICE AVE STUART FL 34994		C/O HELEN B. HOF	C/O HELEN B. HORTON 1000 NW ALICE AVE							
2. Principal Pla	ace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			Number 59-2981	723		plied For t Applicable	
Zip	Country	Zip	Zip Cour		5. Cert	tificate of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of C	urrent Registered Agent			7. Name and Address of New Registered Agent					
HODTON HELEN D			1	Name						
2866	ton, Helen B. S.E. Ginza St. T St. Lucie Fl [*] 34952				Street Address (P.O. Box Number is Not Acceptable)					
roni	1 31. LOOIL 1 L 34332				FL Zip Code					
The above named entity submits this statement for the purpose of changing its registered					ered agent	or both, in the State of	Florida.			
o. The above to	Maried entity submits trus states	non for the purpose of charg	nng no regioter.	od omoo or region	orbo agom,				{	
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable.	(NOTE: Registere	d Agent sígnature requir	ed when reinsta	atolie (ing)	W 10	200	<u>o</u>	
•	ation is eligible to satisfy its Int quirement and elects to do so. a on back)	After SEPTEME	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$7. Make Check Payable to Department of SI			10. Election Campaign (Trust Fund Contribut			May Be I to Fees	
11.	OFFICER	S AND DIRECTORS	12.		ADDIT	IONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	D HORTON, HELEN B. 2866 S.E. GINZA ST.	☐ Delete	NAM			70000	3435	□ Change	□ Addition 	
CITY-ST-ZIP	PORT ST. LUCIE FL		CITY	-ST-ZIP-		***	*150.00	****	50.00	
TITLE NAME STREET ADDRESS		☐ Delete	NAM	- 1				Change	☐ Addition	
CITY-ST-ZIP			CITY	-ST-ZIP				<u></u>		
TITLE NAME STREET ADDRESS		☐ Delete	NAM	ſ	-			□ Change	Addition	
CITY-ST-ZIP				-ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete	NAM					☐ Change	☐ Addition	
CITY-ST-ZIP				-ST-ZIP					1	
TITLE		☐ Defete	TITLE	<u></u>				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS -ST-ZIP		,	JB) (3	0/10		
TITLE		Delete	TITLE				42	hange	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			•	E ET ADDRESS -ST-ZIP			"	`		
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayture Prone #										

HORTON BROADCASTING COMPANY, INC 1000 NW ALICE AVENUE STUART, FL. 34994

OCTOBER 11, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500

DEAR SIRS:

I AM ENCLOSING MY REPORT ALONG WITH A CHECK OF \$150.00 which is the initial filing fee.

WHEN I RECEIVED YOUR DISSOLUTION NOTICE I WAS QUITE SURPRISED AS I SENT MY REPORT AS USUAL ON APRIL 27, 2000 ALONG WITH THE \$150.00 CHECK. UPON REVIEW OF MY RECORDS I FIND THAT THE CHECK WAS NEVER CASHED. THIS MAKES ME NOT UNDERSTAND WHAT HAPPENED.

I AM RESUBMITTING MY REPORT ALONG WITH THE \$150.00 FEE AND HOPE THAT YOU MAY UNDERSTAND. ALL OF MY PAST REPORTS HAVE BEEN ON TIME FOR HORTON BROADCASTING CO. INC.

I AM SORRY FOR ANY INCONVIENCE THIS HAS CAUSED FOR YOU. FOR ME IT HAS BEEN QUITE UPSETTING THAT THE REPORT WAS NOT RECEIVED.

SINCERELY,

HELEN B. HORTON

PRESIDENT/SEC/TREASURER