

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38638

(7)

1. Corporation Name

ASHLING BROADCAST GROUP, INC.

Principal Place of Business

P.O. BOX 18028
PANAMA CITY FL 32406

Mailing Address

P.O. BOX 18028
PANAMA CITY FL 32406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1989

3a. Date of Last Report

03/04/1996

4. FEI Number

59-2995692

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 1742

Suite, Apt. #, etc.

22 City & State

23 Panama City, FL

24 32402-1742

25 U.S.A.

26. Mailing Address

26 P.O. Box 1742

Suite, Apt. #, etc.

27 City & State

28 Panama City, FL

29 32402-1742

30 U.S.A.

9. Name and Address of Current Registered Agent

HARDING, MICHAEL T.
FOX TELEVISION CENTER
637 LUVERNE AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

Bruce P. Anderson, P.A.

82

Street Address (P.O. Box Number is Not Acceptable)
522 N. Adams Street

83

84

City
Tallahassee

FL

85 Zip Code
32301

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

Bruce P. Anderson

(NOTE: Registered Agent signature required when reinstating)

9-9-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MOONEY, ELIZABETH WILDE
STREET ADDRESS
245 E. 54TH STREET, #7F
CITY-ST-ZIP
NEW YORK NY

TITLE ☒ DELETE

NAME
HARDING, MICHAEL
STREET ADDRESS
637 LUVERNE AVENUE
CITY-ST-ZIP
PANAMA CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Bruce P. Anderson

9/1/97 (12/28/97) 350-2-2

CP2E034 (4/97)