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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L76790

(9)

PETERS	on Broadcasting CC	ORP.					
Principal Plac	e of Business	Mailing Address					
809 S WESTOVER BLVD ALBANY GA 31706 US			PO BOX 4429 Winter Park FL 32793-4429 US				
00		•			3. Date Incorporated or Qualified 05/30/1990	3a. Date of Last f	Report
2. Principal P	Place of Business	2a. Mailing Addre	ess		4. FEI Number		pplied For
21		26			59-3011743		
Suite, Apl	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & Stat	10	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added Added	to Fees
Zφ	Country	Zιp	Co	untry	B. This corporation has liability for	or intangible tax under r	s. 199.032,
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of C	urrent Registered Agent		81 Name	10. Name and Address of New I		
PETERSON, JON C. 1115 E. LIVINGSTON ST. ORLANDO FL 32803				82 Street Address (P.O. Box Number is Not Acceptable) 4261 Bene du tine Circle			
				83 84 City		les 7in	Code
				Jeg City	vland o	FL 85 32	181プ Code
11. Pursuant office or agent 1 a		7.0502 and 601.1508. Florid State of stude. Such chan obligate of, Section 607.		above-named of the corpart at the corporate at the	corporation submits this statement for the oration's board of directors. I hereby accoration when reinstating)	e purpose of changing cept the appointment as	its registered s registered
12.		S AND DIRECTORS	13		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	DP-	□ DE	LETE 1.1	TITLE	Secretary	Change	Addition
NAME	PETERSON, JON C.		1,2	NAME	Peterson, Join C		
STREET ADDRESS				STREET ADDRESS	4261 Benedictine Circle		
CHY-ST ZIP	ORLANDO FL		1.4	CITY-ST-ZIP	Orlando FL 32	812	
TITLE	President	☐ DE	LETE 2.1	TITLE		Change	Addition
NAME	Howard Johnson	on .	2.2	NAME	1		
STREET ADDRESS	Howard Johnson 225 green st 5	suite 906	2.3	STREET ADDRESS			
CITY-ST-ZIP	Faye Heville NC	37501	2.4	CITY-ST-ZIP			
TiTLE		□ D€	LETE 31	TITLE		☐ Change	_ * Addition
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREE1 ADDRESS			ļ
			2.4	CITY ST. 7ID			

6.4 CITY-ST-ZIP 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 the 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 of th appears in Block 12 or Block 13 if change

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

54 City - ST-ZIP

4.4 CITY-ST-ZIP

THLE

NAME

TOLE

NAME

THLE

NAME

STREET ACCRESS

SPREET ADDRESS

STREEL ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

DELETE

DELETE

DELETE

894 2515

Change

Change

☐ Change

Addition

Addition

Addition

FILED

Apr 03 1997 8:00am

Secretary of State