

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90171 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L76790

1. Corporation Name
PETERSON BROADCASTING CORP.



Principal Place of Business
809 S WESTOVER BLVD
ALBANY GA 31706
US

Mailing Address
PO BOX 4420
WINTER PARK FL 32789-4420
US

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

05/30/1990

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 809 S Westover Blvd
27 Albany, GA 31706

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4. FEI Number

59-3011743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WINGFIELD, LINDA
4201 BENEDICTINE CR
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name William Leary
82 Street Address (P.O. Box Number is Not Acceptable)
1115 East Livingston Street
83
84 City Orlando FL 85 Zip Code 32803

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 *William N Leary*
Signature, typed or printed name of registered agent and title, if applicable.

WILLIAM N LEARY
(NOTE: Registered Agent signature required when reinstating)

4/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME PETERSON, JON C.
STREET ADDRESS 4201 BENEDICTINE CR 174 Lee Dale Drive
CITY-ST-ZIP ORLANDO FL Heathsville VA 22473

TITLE P ☐ DELETE
NAME JOHNSON, HOWARD
STREET ADDRESS 225 GREEN ST, STE 906 809 S Westover Blvd
CITY-ST-ZIP FAYETTEVILLE NC Albany GA 31706

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 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.

SIGNATURE:

Jon Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

423 886 7660

Daytime Phone #

CR2E034 (11/98)

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