

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

**FILED**

**Mar 20 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 # P01692 (3)**

1. Corporation Name  
**KMT BROADCASTING, INC.**



Principal Place of Business  
**525 FENTRESS BLVD.  
 502 EAST JOHN STREET, ROOM E  
 DAYTONA BEACH FL 32114  
 US**

Mailing Address  
**P.O. BOX 2860  
 502 EAST JOHN STREET, ROOM E  
 DAYTONA BEACH FL 32120-2860  
 US**

3. Date Incorporated or Qualified <b>04/20/1984</b>	3a. Date of Last Report <b>02/13/1996</b>
4. FEI Number <b>82-0230603</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>525 Fentress Boulevard</b> State, Apt. #, etc.	2a. Mailing Address 26 <b>Post Office Box 2860</b> State, Apt. #, etc.
22 City & State 23 <b>Daytona Beach, FL</b>	27 City & State 28 <b>Daytona Beach, FL</b>
24 <b>32114</b> 25 Country	29 <b>32120-2860</b> 30 Country

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
 1201 HAYES STREET  
 STE - 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.05-02 and 607.1506, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
1.2 NAME	<b>ROOT, II CHAPMAN J.</b>
1.3 STREET ADDRESS	<b>525 FENTRESS BLVD</b>
1.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
2.1 TITLE	<b>VSD</b> <input type="checkbox"/> DELETE
2.2 NAME	<b>VOGES, WILLIAM J</b>
2.3 STREET ADDRESS	<b>525 FENTRESS BLVD</b>
2.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> DELETE
3.2 NAME	<b>ROOT, CHAPMAN J II</b>
3.3 STREET ADDRESS	<b>525 FENTRESS BLVD</b>
3.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
4.1 TITLE	<b>VP</b> <input type="checkbox"/> DELETE
4.2 NAME	<b>WAGNER, LEE P</b>
4.3 STREET ADDRESS	<b>525 FENTRESS BOULEVRAD</b>
4.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
5.1 TITLE	<b>VP</b> <input type="checkbox"/> DELETE
5.2 NAME	<b>DEVIS, JAMES L.</b>
5.3 STREET ADDRESS	<b>525 FENTRESS BLVD</b>
5.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
6.1 TITLE	<b>T</b> <input type="checkbox"/> DELETE
6.2 NAME	<b>DITTBENNER, EILEEN M.</b>
6.3 STREET ADDRESS	<b>525 FENTRESS BLVD</b>
6.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Richard L. McGrane</b>
1.3 STREET ADDRESS	<b>525 Fentress Boulevard</b>
1.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>Assistant Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 included 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 on Back 12 or Back 13 if changed, or on an attachment with an address.

SIGNATURE: *James L. Devis*  
**James L. Devis, President**

**3/17/97** (904) 258-4700

CR2E034 (9/96)