

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02427** (3)
1. Corporation Name:
GILMORE BROADCASTING CORPORATION



Principal Place of Business: 162 E MICHIGAN AVE KALAMAZOO MI 49007	Mailing Address: 162 E MICHIGAN AVE KALAMAZOO MI 49007-3908
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2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/15/1984	3a. Date of Last Report 06/12/1996
				4. FEI Number 54-0844620	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GILMORE, JAMES S. JR 162 EAST MICHIGAN AVENUE KALAMAZOO MI	1.1 TITLE	☐ Change ☐ Addition
NAME	D GILMORE, JAMES S., III 424 HANSHAW RD ITHACA NY	1.2 NAME	
STREET ADDRESS	DP FIELDING, FRED F. 4412 N. 33RD ROAD ARLINGTON VA	1.3 STREET ADDRESS	
CITY, ST, ZIP	D SMITH, GAIL GILMORE 2206 SHEFFIELD DRIVE KALAMAZOO MI	1.4 CITY-ST-ZIP	
TITLE	T LEMIEUX, MARIETTE A 1051 DOGWOOD PORTAGE MI	2.1 TITLE	☐ Change ☐ Addition
NAME	D/P PADGETT, DOUGLAS A. 106 SPRINGFIELD, APT 108 NEWBURG IN	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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) 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: _____ Date: **3-5-97** Daytime Phone: **800-879-6522**

CR2E034 (9/96)