FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04610** **(2)**

1. Corporation Name
CRAIN BROADCASTING, INC.

Principal Place of Business	Mailing Address
US 1 MARSHALL BLDG MM 30 1/2 BIG PINE KEY FL 33043 US	1400 WOODBRIDGE DETROIT MI 48207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/09/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **36-3342280** ☐ 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

SOOS, ROBERT
ROUTE 5, BOX 183 E
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

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

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 executing) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☒ Change ☐ Addition
NAME	CRAIN, GERTRUDE R.	12 NAME	
STREET ADDRESS	740 N RUSH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	ZIP 60611
TITLE	CD	21 TITLE	☒ Change ☐ Addition
NAME	CRAIN, KEITH E.	22 NAME	
STREET ADDRESS	1400 WOODBRIDGE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	24 CITY-ST-ZIP	ZIP 48207
TITLE	PD	31 TITLE	☒ Change ☐ Addition
NAME	CRAIN, RANCE E.	32 NAME	
STREET ADDRESS	220 E 42ND ST	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	ZIP 10017
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	MORROW, WILLIAM A	42 NAME	
STREET ADDRESS	1400 WOODBRIDGE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	44 CITY-ST-ZIP	ZIP 48207
TITLE	DS	51 TITLE	☒ Change ☐ Addition
NAME	CRAIN, MERRILEE P.	52 NAME	
STREET ADDRESS	220 E 42ND ST	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	ZIP 10017
TITLE	DT	61 TITLE	☒ Change ☐ Addition
NAME	CRAIN, MARY KAY	62 NAME	
STREET ADDRESS	1400 WOODBRIDGE AVE	63 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	64 CITY-ST-ZIP	ZIP 48207

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William C. Morrow **Exec. V.P./ Operations** **4/26/95** **313/446-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470874 FP