FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 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 # **P04610** **(2)**

1. Corporation Name
CRAIN BROADCASTING, INC.

Principal Place of Business
US 1
MARSHALL BLDG MM 30 1/2
BIG PINE KEY FL 33043
US

Mailing Address
1400 WOODBRIDGE
DETROIT MI 48207-3110

2. Principal Place of Business
21 **30336 Overseas Highway**
22 Suite, Apt. #, etc.
23 City & State: **Big Pine Key, FL**
24 Zip: **33043-3352** 25 Country: **USA**

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: **01/09/1985**
3a. Date of Last Report: **05/01/1996**
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: **Soos, Robert**
82 Street Address (P.O. Box Number is Not Acceptable): **30336 Overseas Highway**
83
84 City: **Big Pine Key** **FL** 85 Zip Code: **33043-3352**

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRAIN, GERTRUDE R.		1.2 NAME		
STREET ADDRESS	740 N RUSH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	CRAIN, KEITH E.		2.2 NAME		
STREET ADDRESS	1400 WOODBRIDGE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI		2.4 CITY-ST-ZIP	ZIP 48207-3187	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	CRAIN, RANCE E.		3.2 NAME		
STREET ADDRESS	220 E 42ND ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	ZIP 10017-5846	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	MORROW, WILLIAM A		4.2 NAME		
STREET ADDRESS	1400 WOODBRIDGE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI		4.4 CITY-ST-ZIP	ZIP 48207-3187	
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	CRAIN, MERRILEE P.		5.2 NAME		
STREET ADDRESS	220 E 42ND ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	ZIP 10017-5846	
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	CRAIN, MARY KAY		6.2 NAME		
STREET ADDRESS	1400 WOODBRIDGE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI		6.4 CITY-ST-ZIP	ZIP 48207-3187	

CR2E034 (9/96)

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 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 A Morrow Exec. VP/Operations 4/28/97 313/446-6000