2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115500

Entity Name: HUNTSVILLE BROADCAST CORPORATION

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1000 MONTE SANO BLVD HUNTVILLE, AL 35801			1000 MONTE SANO I HUNTSVILLE, AL 35	
Current Mailing Address:			New Mailing Address:	
	TH STREET FA, FL 3423640	48		
FEI Number	r: 20-5544732	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
ATTN: MI 200 SOUT SARASOT	CHELE B. GRIN TH ORANGE AV TA, FL 34236 L	/ENUE JS	purpose of changing its registere	ed office or registered agent, or bo
SIGNATU	RE:			
	Electroni	c Signature of Registered Ag	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	P () J. MANUEL CAL 1477 TENTH ST SARASOTA, FL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition
	CVD ()			
Title: Name: Address: City-St-Zip:	SVP () HARDY, SANDR 1477 TENTH ST SARASOTA, FL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition
Name: Address:	HARDY, SANDR 1477 TENTH ST SARASOTA, FL	A C REET 342364048 Delete ′ C REET	Name: Address:	() Change () Addition () Change () Addition
Name: Address: City-St-Zip: Title: Name: Address:	HARDY, SANDR 1477 TENTH ST SARASOTA, FL VP () ELLIS, SHIRLEY 1477 TENTH ST SARASOTA, FL	A C REET 342364048 Delete C REET 342364048 Delete C REET C REET C REET C REET	Name: Address: City-St-Zip: Title: Name: Address:	· / ·

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: J. MANUEL CALVO P 03/27/2009

SARASOTA, FL 342364048

City-St-Zip: