

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

FILED

Apr 14 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 # P06265 (3)
1. Corporation Name
COLONIAL BROADCASTING COMPANY, INC.



Principal Place of Business ONE COMMERCE STREET 3RD FLOOR MONTGOMERY AL 36104 US	Mailing Address P.O. BOX 4999 MONTGOMERY AL 36103-4999 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. BOX 4994 27 Suite, Apt. #, etc. 28 MONTGOMERY, AL 29 Zip 30 36103-4994 31 US
---	--

3. Date Incorporated or Qualified 05/31/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 63-0735660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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
---	--

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 <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWDER, CHARLOTTE G.	1.2 NAME	LOWDER, CHARLOTTE G.
STREET ADDRESS	2080 BELL ROAD	1.3 STREET ADDRESS	2080 BELL ROAD
CITY-ST-ZIP	MONTGOMERY AL 36117	1.4 CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWDER, MARY CATHERINE	2.2 NAME	GEORGE, SAMMY
STREET ADDRESS	2080 BELL ROAD	2.3 STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY AL 36117	2.4 CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPPOCK, DAVID	3.2 NAME	SELLS, CHARLES
STREET ADDRESS	ONE COMMERCE STREET	3.3 STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY AL 36104	3.4 CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWDER, ROBERT E.	4.2 NAME	WILKINS, LARRY
STREET ADDRESS	ONE COMMERCE STREET	4.3 STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY AL 36104	4.4 CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLEY, MICHAEL	5.2 NAME	GROS, STERLING, JR.
STREET ADDRESS	ONE COMMERCE STREET	5.3 STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY AL 36104	5.4 CITY-ST-ZIP	MONTGOMERY, AL 36104
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, RICK	6.2 NAME	WARD, KEVIN
STREET ADDRESS	ONE COMMERCE STREET	6.3 STREET ADDRESS	ONE COMMERCE STREET
CITY-ST-ZIP	MONTGOMERY AL 36104	6.4 CITY-ST-ZIP	MONTGOMERY, AL 36104

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: *Charlotte G. Lowder* **CHARLOTTE G. LOWDER** 3/10/97 (334) 240-9274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)

Colonial Broadcasting Co., Inc.

Incorporated: Alabama
Date of Inc.: 12/29/80
Tax ID#: 63-0735660

Item 13. Additional Officers and Directors

Christy Patrick
Vice President
One Commerce Street
Montgomery, AL 36104

Al Creamer
Vice President
One Commerce Street
Montgomery, AL 36104

Robert C. Hunnicutt
Vice President
One Commerce Street
Montgomery, AL 36104

Leisa Bedingfield
Comptroller
One Commerce Street
Montgomery, AL 36104

Jodi Yates
Secretary
One Commerce Street
Montgomery, AL 36104