

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P10525 (4)

1. Corporation Name  
**OCALA BROADCASTING CORPORATION**



Principal Place of Business: 3602 N.E. 20TH PLACE, P.O. BOX 70229, Ocala FL 32670  
Mailing Address: 3602 N.E. 20TH PLACE, P.O. BOX 70229, Ocala FL 32670

3. Date Incorporated or Qualified: 06/23/1986  
3a. Date of Last Report: 02/24/1995

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

4. FEI Number: 34-1511093  
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 **FILED/PAID**

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	
TITLE	VD <input type="checkbox"/> DELETE
NAME	DIX, DAVID E.
STREET ADDRESS	124 N. CHESTNUT ST.
CITY-ST-ZIP	RAVENNA OH
TITLE	PD <input type="checkbox"/> DELETE
NAME	DIX, GORDON C. II
STREET ADDRESS	40 SOUTH LINDEN AVENUE
CITY-ST-ZIP	ALLIANCE OH
TITLE	SD <input type="checkbox"/> DELETE
NAME	DIX, ROBERT C. JR.
STREET ADDRESS	831 WHEELING AVENUE
CITY-ST-ZIP	CAMBRIDGE OH
TITLE	VD <input type="checkbox"/> DELETE
NAME	DIX, ALBERT E.
STREET ADDRESS	321 W. MAIN
CITY-ST-ZIP	FRANKFORT KY
TITLE	TD <input type="checkbox"/> DELETE
NAME	DIX, R. VICTOR
STREET ADDRESS	212 E. LIBERTY ST.
CITY-ST-ZIP	WOOSTER OH
TITLE	AS <input type="checkbox"/> DELETE
NAME	GERBER, DALE E.
STREET ADDRESS	212 EAST LIBERTY STREET
CITY-ST-ZIP	WOOSTER OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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: *Dale E. Gerber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 20, 1996 (216264-3511)  
Date Daytime Phone #

CR2E034 (12/95)