

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P10525 (4)**

1. Corporation Name  
**OCALA BROADCASTING CORPORATION**



Principal Place of Business <b>3602 N.E. 20TH PLACE                  P.O. BOX 70229                  OCALA FL 32670</b>	Mailing Address <b>3602 N.E. 20TH PLACE                  P.O. BOX 70229                  OCALA FL 34470-0229</b>
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2. Principal Place of Business <b>21</b> _____ Suite, Apt. #, etc. <b>22</b> <b>SEE ATTACHMENT</b> City & State <b>23</b> _____ Zip <b>24</b> <b>33470</b> Country <b>25</b> _____	2a. Mailing Address <b>26</b> _____ Suite, Apt. #, etc. <b>27</b> _____ City & State <b>28</b> _____ Zip <b>29</b> _____ Country <b>30</b> _____
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3. Date Incorporated or Qualified <b>06/23/1986</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <del>341541893</del> <b>59-3403213</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>FILED/PAID</b>	

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 **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 \_\_\_\_\_ (PRINT) Registered Agent signature required when reinstating \_\_\_\_\_ DATE \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>S/D</b>	<input checked="" 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	<b>V/D</b>	<input checked="" 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 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, trustee, or power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: 

MARCH 3, 1997 (330)264-3511

CR2E034 (9/96)