SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:03

DOCUMENT # **P11611** **(1)**

1. Corporation Name
WABASH VALLEY BROADCASTING CORPORATION

Principal Place of Business	Mailing Address
401 PENNSYLVANIA PARKWAY, SUITE 300 INDIANAPOLIS IN 46280	401 PENNSYLVANIA PARKWAY, SUITE 300 INDIANAPOLIS IN 46280

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/29/1986**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

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

4. FEI Number: **35-0822672** ☐ 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE		☐ Change ☐ Addition
NAME	NOVOTNEY, GLORIA	12 NAME		
STREET ADDRESS	918 OHIO ST.	13 STREET ADDRESS		
CITY-ST-ZIP	TERRE HAUTE IN	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HULMAN, MARY F.	22 NAME		
STREET ADDRESS	1327 S. SIXTH ST.	23 STREET ADDRESS		
CITY-ST-ZIP	TERRE HAUTE IN	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GEORGE, MARY H.	32 NAME		
STREET ADDRESS	ONE FERNDALE DR	33 STREET ADDRESS		
CITY-ST-ZIP	TERRE HAUTE IN	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GUNTER, TERRELL W.	42 NAME		
STREET ADDRESS	8669 BAY COLONY DR	43 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	DUFFY, CHRISTOPHER G.	52 NAME		
STREET ADDRESS	401 PENNSYLVANIA PKY 300	53 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	54 CITY-ST-ZIP		
TITLE	VPD	61 TITLE		☐ Change ☐ Addition
NAME	NEWCOMB, JOHN H.	62 NAME		
STREET ADDRESS	401 PENNSYLVANIA PKY 300	63 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	64 CITY-ST-ZIP		

CR2E034 (3/95)

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: J H Newcomb John H Newcomb 6/6/95 3178447484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181670 FN