

CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
09/29/1986

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature type for printed name of registered agent and for corporation

(Print) Registered Agent's signature is required when making change

Date

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **NOVOTNEY, GLORIA**
STREET ADDRESS **918 OHIO ST.**
CITY - ST - ZIP **TERRE HAUTE IN**

TITLE **D** ☐ DELETE

NAME **HULMAN, MARY F.**
STREET ADDRESS **1327 S. SIXTH ST.**
CITY - ST - ZIP **TERRE HAUTE IN**

TITLE **D** ☐ DELETE

NAME **GEORGE, MARY H.**
STREET ADDRESS **ONE FERNDAL DR**
CITY - ST - ZIP **TERRE HAUTE IN**

TITLE **D** ☐ DELETE

NAME **GUNTER, TERRELL W.**
STREET ADDRESS **8669 BAY COLONY DR**
CITY - ST - ZIP **INDIANAPOLIS IN**

TITLE **PO** ☐ DELETE

NAME **DUFFY, CHRISTOPHER G.**
STREET ADDRESS **401 PENNSYLVANIA PKY 300**
CITY - ST - ZIP **INDIANAPOLIS IN**

TITLE **VPD** ☐ DELETE

NAME **NEWCOMB, JOHN H.**
STREET ADDRESS **401 PENNSYLVANIA PKY 300**
CITY - ST - ZIP **INDIANAPOLIS IN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

c/11/96

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