FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 97

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

FILED
97 MAY 15 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 4555 W. 16th St	26 4555 W. 16th St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Indianapolis, IN	28 City & State: Indianapolis, IN
24 Zip: 46222 25 Country: USA	29 Zip: 46222 30 Country: USA

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, typed 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NOVOTNEY, GLORIA		1.2 NAME	400002184824----3
STREET ADDRESS	918 OHIO ST.		1.3 STREET ADDRESS	-05/20/97--01047--004
CITY-ST-ZIP	TERRE HAUTE IN		1.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HULMAN, MARY F.		2.2 NAME	
STREET ADDRESS	1327 S. SIXTH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TERRE HAUTE IN		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, MARY H.		3.2 NAME	
STREET ADDRESS	ONE FERNDALE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	TERRE HAUTE IN		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GUNTER, TERRELL W.		4.2 NAME	
STREET ADDRESS	8669 BAY COLONY DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	DUFFY, CHRISTOPHER G.		5.2 NAME	
STREET ADDRESS	401 PENNSYLVANIA PKY 300		5.3 STREET ADDRESS	4555 W. 16th St.
CITY-ST-ZIP	INDIANAPOLIS IN		5.4 CITY-ST-ZIP	Indianapolis, IN 46222
TITLE	VPD	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	NEWCOMB, JOHN H.		6.2 NAME	
STREET ADDRESS	401 PENNSYLVANIA PKY 300		6.3 STREET ADDRESS	4555 W 16th St.
CITY-ST-ZIP	INDIANAPOLIS IN		6.4 CITY-ST-ZIP	Indianapolis, IN 46222

CR2E034 (12/95)

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: John M Lawrence 5/1/97 3172412388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #