

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P12384 (4)
1. Corporation Name
GATOR BROADCASTING CORPORATION

Principal Place of Business
900 N.W. 8TH AVE.
GAINSVILLE FL 32601
Now
after May 7, 1998

Mailing Address
900 N.W. 8TH AVE.
GAINSVILLE FL 32601
Now
AFTER May 7, 1998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>None / Sold</i> Suite, Apt. #, etc. 22 <i>on 5/7/98</i> City & State 23 Zip 24		2a. Mailing Address 26 <i>40 David Gregg III, 51410</i> Suite, Apt. #, etc. 27 <i>2200 Clarendon Blvd</i> City & State 28 <i>Arlington VA</i> Zip 29 <i>22201</i> Country 30 <i>USA</i>		3. Date Incorporated or Qualified 12/08/1986	
		4. FEI Number 52-1490761		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHORR, ARNOLD J 300 SWEETWATER COVE BLVD NORTH LONGWOOD FL 32779		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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGG, DAVID III	1.2 NAME	
STREET ADDRESS	2200 CLARENDON BLVD SUITE 1410	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP	22201
TITLE	SVPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHORR, ARNOLD J. <i>COVD</i>	2.2 NAME	
STREET ADDRESS	300 SWEETWATER COVE BLVD, NORTH	2.3 STREET ADDRESS	SWEETWATER COVE BLVD N
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	32779
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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: _____

CR2E034 (10/97)