

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:26

DOCUMENT # **P25737** (8)
1. Corporation Name
LIBERTY COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
3419 APALACHEE PARKWAY **1209 ORANGE STREET**
TALLAHASSEE FL 32311 **WILMINGTON DE 19801**
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/24/1989** 3a. Date of Last Report **04/14/1994**
4. FEI Number **58-1857308** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Sate, Apt. #, etc. 26 Sate, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 607.1501, 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 required for principal name of registered agent and the 4 signature)

(Signature required for registered agent signature required when reappointing)

(All)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	☐ Change ☐ Addition
NAME	ZITELMAN, RICHARD	1.2 NAME	
STREET ADDRESS	1750 ROCKVILLE PIKE, STE 20	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BERNTHAL, ERIC L.	2.2 NAME	
STREET ADDRESS	8409 CARLYNN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☒ Change ☐ Addition
NAME	FOWLER, MARK S.	3.2 NAME	
STREET ADDRESS	8459 HOLLY LEAF DRIVE	3.3 STREET ADDRESS	324 N. Interlachen Ave.
CITY-ST-ZIP	MCLEAN VA	3.4 CITY-ST-ZIP	WINTER PARK, FLA. 32789
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

P. Richard Zitelman
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

P. RICHARD ZITELMAN

3/2/95

301-276-2077