

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P27612 (1)**
1. Corporation Name
EAGLE BROADCASTING, INC. OF NORTH CAROLINA



Principal Place of Business Mailing Address
**10592 EAST BALMORAL CIRCLE
STE. 2
JACKSONVILLE FL 32218** **10592 EAST BALMORAL CIRCLE
STE. 2
JACKSONVILLE FL 32218**

3. Date Incorporated or Qualified **01/08/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **56-1552521** 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

2. Principal Place of Business 2a. Mailing Address
21 **3948 SOUTH THIRD ST.** 26 **3948 SOUTH THIRD ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE #191** 27 **SUITE #191**
City & State City & State
23 **JACKSONVILLE BEACH, FL** 28 **JACKSONVILLE BEACH, FL**
Zip Country Zip Country
24 **32250** 25 **DUVAL** 29 **32250** 30 **DUVAL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROCKWELL, SANDRA S
10592 E. BALMORAL CIRCLE SUITE #1
10592 E BALMORAL CIR., SUITE 1
JACKSONVILLE FL 32218**

81 Name **SANDRA S. ROCKWELL**
82 Street Address (P.O. Box Number is Not Acceptable)
3948 SOUTH THIRD ST. - SUITE #191
83
84 City **JACKSONVILLE BEACH, FL** 85 Zip Code **32250**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
R	REED, GEORGE R	10592 E BALMORAL CIRCLE SUITE #1	JACKSONVILLE FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
RECEIVER	REED, GEORGE R.	3948 SOUTH THIRD ST. - SUITE #191	JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 607, 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

GEORGE R. REED

04/26/96

(904) 285-3239

Date

Daytime Phone #

CR2E034 (12/95)