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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

BREWER BROADCASTING CORPORATION

Principal Place of Business Mailing Address

FILED May 14 1998 8:00am Secretary of State



409 CHESTNUT STREET. SUITE A-154 CHATTANOOGA TN 37402				409 CHESTNUT STREET, SUITE A-154 CHATTANOOGA TN 37402					DO NOT WRI	TE IN THIS:	SPACE		
								[·	 Date Incorporated or Qualified 02/05/1990 	1			
2. Principal Place of Business 21				2a. Mailing Address 26					4. FEI Number 35-1118701		<u> </u>	pplied For ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					- 0 11 1 10 1 D 1 1		\$8.75	Additional	
22				27					5. Certificate of Status Desired		Fee Re	equired	
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be	
23				28					Trust Fund Contribution		Added 1		
Zip		Country		Zip Country				8. This corporation owes or has					
24		25	30				Personal Property Tax due June 30. X Yes No						
			of Current Regi	stered Agent		↓	, <u>.</u>		0. Name and Address of New	Registered	Agent		
TENNYSON, RYAN						81 Name							
376 EAST BROADWAY							Stre	Street Address (P.O. Box Number is Not Acceptable)					
OVIEDO FL 32765													
						83							
	•					84	City			FL	85 Zip	Code	
11, Pursuant t	to the provision	ons of Sections	607.0502 and (607.1508, Florida	Statutes, the	abovi	e-nam	ed corpora	tion submits this statement for the	purpose o	changing it	s registered	
office or re	ealstered auc	int, or both, in	the State of Flor	ida. Such ch ange of, Section 607.05	was authoriz	ed by	y the c	corporation's	s board of directors. I hereby acc	ept the app	iointment as	registered	
	III IGUIDHAL WID	i, and hooden	the casignitions t	or, executar bor too	oo, Honda or	more.	٠.					1	
SIGNATURE	Signature, typed o	r ponted name of re	gistered agent and th	e if applicable	(NOTE: Register	ed Age	ont signa	dure required w	hen reinstating)	DATE			
12.			CERS AND DIRE		13	,			ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	RS IN 12	
TITLE	PSD		··· <u>-</u> ·	DELE	TE 1.1	TITLE					Change	Addition	
NAME	BREWER	, maytha n			1.2	NAME							
STREET ADDRESS		anklin st.			1.3	STREET	ADDRES	ss					
CITY-ST-ZIP	TELL CIT	Y IN			1.4	CITY - S	T-ZIP					•	
TITLE	VD			☐ OELE		TITLE					Change	Addition	
NAME	BREWER	JAMES L.			2.2	NAME							
STREET ADDRESS	409 CHE	STNUT STR	ET, SUITE 15	TE 1E4 A			2.3 STREET ADDRESS						
CITY-ST-ZIP		NOOGA TN	·				2.4 CITY-ST-ZIP						
TITLE				DELE		TITLE	U, E,				Change	☐ Addition	
NAME						NAME							
STREET ADDRESS							ADDRES	ss					
CITY-ST-ZIP							ST-ZIP						
TITLE				DELE		TITLE	31.51				Change	Addition	
NAME						NAME							
STREET ADDRESS							ADDRES	ss					
						CITY-S		~					
CITY-\$T-ZIP TITLE				DELE		TITLE	31-511				Change	Addition	
NAME				_,		NAME							
					L		ADDRES	ee l					
STREET ADDRESS					1			55					
CITY-\$T-ZIP TITLE				DELE		CITY-5 TITLE	31-211				Change	Addition	
				المال ليا									
NAME						NAME	10000						
STREET ADDRESS						6.3 STREET ADDRESS							
CITY-ST-ZIP					6.4	CITY - 5	ST-ZIP						

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 suppliemental 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 chapter 607, or on an attachment with an address.

NEAKO