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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P28789

HUNTSVILLE TELEVISION ACQUISITION CORP.

Principal Place	e of Business	Mailing Address			1 (83)(88) (10 (430) (8)() (400) (8)(4 (4)(8)(il Bibli Billi alan a	1811 81811 1881	
915 MIDDLE RIVER DRIVE		915 MIDDLE RIVER DRIVE		1				
SUITE 409		SUITE 409		DO NOT WRITE IN THIS SPACE				
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL		FT. LAUDERDALE FL 33304	3304		3. Date Incorporated or Qualified			
					04/05/1990			
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Api	olied For	
—	lade of Eddiness	26			65-0159031	<u> </u>	Applicable	
Suite, Apt.	#. etc.	Suite, Apt, #, etc.				\$8.75 A	dditional	
22	.,	27			5. Certifcate of Status Desired	Fee Re	quired	
City & State	e	City & State	 -		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Count	гу	8. This corporation owes the current year		_ 1	
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent		<u></u>	10. Name and Address of New Registere	ed Agent		
004	AUT. COMMUNICATIONS		1	1 Name				
1	NT COMMUNICATIONS		1	Street Add	iress (P.O. Box Number is Not Acceptable)			
l	MIDDLE RIVER DRIVE, SUITE 409							
1.1	LAUDERDALE FL 33304		{	3				
}			1	4 City		. 85 Zip C	ode	
					!			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute f Florida, Such change was at	es, the abo uthorized t	ove-named corporate	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	ot changing its pointment as rec	registerea jistered	
0000000								
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Floi	rida Statut	es.	· ·		}	
SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Floi	rida Statut	es. 				
SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florand title if applicable. (NOTE:	: Registered A	es. 	ed when reinstating) DATE	·		98)
SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Floi and title if applicable. (NOTE: 0 DIRECTORS	: Registered A	ent signature requir		AND DIRECTO		11/98)
SIGNATURE 12. TITLE	m familiar with, and accept the obligation of registered agent OFFICERS AND PST	ons of, Section 607.0505, Florand title if applicable. (NOTE:	: Registered A	gent signature requir	ed when reinstating) DATE	·		4 (11/98)
SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of registered agent OFFICERS AND PST GRANT, MILTON	ons of, Section 607.0505, Floi and title if applicable. (NOTE: 0 DIRECTORS	: Registered A 13. 1.1 TITU 1.2 NAM	gent signature requir	ed when reinstating) DATE	AND DIRECTO		5034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with agent of FICERS AND PST GRANT, MILTON 2100 S. OCEAN LANE, #1912	ons of, Section 607.0505, Floi and title if applicable. (NOTE: 0 DIRECTORS	: Registered A 13. 1.1 TITU 1.2 NAM 1.3 STRI	gent signature requir	ed when reinstating) DATE	AND DIRECTO		R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a series of familiar with	ons of, Section 607.0505, Flor and title if applicable. (NOTE: DIRECTORS DELETE	: Registered A 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY	gent signature requir	ed when reinstating) DATE	AND DIRECTO		CR2E034 (11/98)
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90005 040 ***150.00