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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P28790 (4)
1. Corporation Name
HUNTSVILLE TELEVISION MANAGEMENT CORPORATION



Principal Place of Business
915 MIDDLE RIVER DRIVE
SUITE 409
FT. LAUDERDALE FL 33304

Mailing Address
915 MIDDLE RIVER DRIVE
SUITE 409
FT. LAUDERDALE FL 33304-3561

3. Date Incorporated or Qualified 04/05/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 63-1019941	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

GRANT COMMUNICATIONS
915 MIDDLE RIVER DRIVE, SUITE 409
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	PSY GRANT, MILTON	1.1 TITLE	
NAME	2100 S. OCEAN LANE, #1912	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D GRANT, MILTON	2.1 TITLE	
NAME	2100 S. OCEAN LANE, #1912	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AS TOWE, WILLIAM	3.1 TITLE	
NAME	1010 S. OCEAN #1112	3.2 NAME	
STREET ADDRESS	POMPANO BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DOUMAR, NOELLE	4.1 TITLE	
NAME	399 PARK AVE 6TH FLOOR	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS CALLAHAN, CAROL	5.1 TITLE	
NAME	9870 NW 10TH CT	5.2 NAME	
STREET ADDRESS	PLANTATION FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

Bill D. Towe (William D. Towe) 4-28-97 02/28/97

CR2E034 (9/96)