FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:07

DOCUMENT # **P29248** **(2)**

1. Corporation Name
KRYPTON BROADCASTING OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
ONE INDEPENDENT DRIVE SUITE 0204 JACKSONVILLE FL 32202	ONE INDEPENDENT DRIVE SUITE 0204 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1990
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 52-1674713 ☐ 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

9. Name and Address of Current Registered Agent

FELTNER, C.E., JR.
3681 PROSPECT DRIVE
RIVERIA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name: Clarence A. Davis
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1 Independent Dr/Suite 0204
84 City: Jacksonville FL 85 Zip Code: 32202

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: Clarence A. Davis
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	CT	1.1 TITLE	TR	☒ Change ☐ Addition
NAME	FELTNER, C.E., JR.	1.2 NAME	Clarence A Davis	
STREET ADDRESS	3681 PROSPECT DRIVE	1.3 STREET ADDRESS	1 Independent Dr/Suite 0204	
CITY-ST-ZIP	RIVERIA BEACH FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	BENT, C.F., III	2.2 NAME		
STREET ADDRESS	753 CENTRAL ST.	2.3 STREET ADDRESS	NO LONGER EMPLOYED	
CITY-ST-ZIP	FRANKLIN NH	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	DAYTON, DANIEL S	3.2 NAME		
STREET ADDRESS	3601 N 25 ST	3.3 STREET ADDRESS	NO LONGER EMPLOYED	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP		
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 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)(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: Clarence A. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0013827 CP