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

APPROVED AND FILED
95 APR 26 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35286** **(4)**

1. Corporation Name
AMERICAN TELECASTING OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
4065 N. SINTON ROAD STE 201 COLORADO SPRINGS CO 80907 US	4065 N. SINTON ROAD STE 201 COLORADO SPRINGS FL 80907 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1991	3a. Date of Last Report: 06/16/1994		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3062505	☐ Applied For ☐ Not Applicable
21	26 111 S. Tejon		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 400A	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Colorado Springs, CO	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 80903 / Country 30 USA	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GAST, BRIAN E.	1.2 NAME	
STREET ADDRESS	ATI 4065 N. SINTON 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO 80907	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	SENEY, RICHARD F.	2.2 NAME	
STREET ADDRESS	4 SAWGRASS VILLAGE 158	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DEPRIEST, DOANLD R.	3.2 NAME	
STREET ADDRESS	206 8TH ST N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS MS 39701	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Director ☐ Change ☒ Addition
NAME		4.2 NAME	Blake, William J.
STREET ADDRESS		4.3 STREET ADDRESS	1105 North Waverly Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Milwaukee, WI 53202
TITLE		5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	Hauser, Mitchell R.
STREET ADDRESS		5.3 STREET ADDRESS	153 East 53rd Street, Suite 5801
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10022
TITLE		6.1 TITLE	Director ☐ Change ☒ Addition
NAME		6.2 NAME	Hostetler, Robert A.
STREET ADDRESS		6.3 STREET ADDRESS	4065 N. Sinton Rd., Suite 201
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Colorado Springs, CO 80907

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: _____ 3-22-95 719-632-5644
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brian E. Gast

0401004 FN