


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90015 016 ***550.00

DOCUMENT # P93000036771 1. Entity Name TWIN TOWERS BROADCASTING, INC.					
Principal Place of Business 1800 TURTLE MOUND ROAD MELBOURNE, FL 32934			Mailing Address 1800 TURTLE MOUND ROAD MELBOURNE, FL 32934		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARPER, JOHN E 1800 TURTLE MOUND ROAD MELBOURNE, FL 32934				Name David Ryder, Receiver Street Address (P.O. Box Number is Not Acceptable) 4630 No. University Dr. City Coral Springs FL Zip Code 33067	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>David Ryder, Receiver</i></u> DATE <u>8/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARPER, JOHN E <input checked="" type="checkbox"/> Delete 1800 TURTLE MOUND ROAD MELBOURNE, FL 32934		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Marshall Moore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5066N Savannah Circle Davie, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Bruce Berkowitz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 600 So. Pine Island Rd. Plantation, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy/D Richard S. Kleiman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7440 NW 127 Terr. Packland, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John E. Harper <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Turtle Mound Rd. Melbourne, FL 32934	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>David Ryder, Receiver</i></u> DATE <u>8/29/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					