

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 JUN -5 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



05072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0426202

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, JOHN
1800 TURTLE MOUND ROAD
MELBOURNE, FL 32934

Name David Ryder, Receiver

Street Address (P.O. Box Number is Not Acceptable)

4630 No. University Dr. #435

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

David Ryder, Receiver

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/31/07

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HARPER, JOHN E
STREET ADDRESS 1800 TURTLE MOUND ROAD
CITY-ST-ZIP MELBOURNE, FL 32934 ☐ Delete

TITLE VDSD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VDSD
NAME MCKINLEY, JOHN A TD
STREET ADDRESS 5540 WILLOUGHBY DR
CITY-ST-ZIP MELBOURNE, FL 32934 ☐ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

David Ryder, Receiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/07

Date

Daytime Phone #

6/7/07