


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90121 035 \*\*\*300.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000037291**

1. Corporation Name

**GREAT SOUTH BROADCASTING, INC.**

Principal Place of Business

**3380 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308**

Mailing Address

**255 SO MILLEDGE AVE  
ATHENS GA 30605  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/24/1993**

4. FEI Number

**59-3189813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 1010 Tower Place**

Suite, Apt. #, etc.

**22**  
City & State**23 Bogart GA 30622**

Zip Country

**24 30622****25 Oconee**

2a. Mailing Address

**26 Same**

Suite, Apt. #, etc.

**27**  
City & State**28**  
Zip Country**29****30**

9. Name and Address of Current Registered Agent

**STONE, PAUL C  
3380 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

**81 Name Levine & Stivers****82 Street Address (P.O. Box Number is Not Acceptable)  
245 E. Virginia Street****83****84 City Tallahassee****FL****85 Zip Code 32301**

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)

**5/24/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE**NAME STONE, PAUL C  
STREET ADDRESS 3380 CAPITAL CIRCLE NE  
CITY-ST-ZIP TALLAHASSEE FL 32308**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ DELETE**NAME  
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CITY-ST-ZIP**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)