

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0113991

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P93000039633 (1)**

1. Corporation Name
BREVARD BROADCASTING, INC.

FILED
98 AUG 27 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**200 S. BURNETT RD
COCOA FL 32926
US**

Mailing Address

**35048 U.S Hwy
P.O. BOX 661270
ROOKLEDGE FL 32950
19 N.
Palm Harbor, FL
34684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1993

4. FEI Number

59-3184992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 35048 U.S Hwy 19 N.

2a. Mailing Address

26 35048 U.S. Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Harbor, FL

City & State

28 Palm Harbor, FL 34684

Zip

24 34684

Zip

29 34684

Country

25 USA

Country

30 USA

9. Name and Address of Current Registered Agent

**STANDLEY, W F III
200 S. BURNETT RD
COCOA FL 32926**

10. Name and Address of New Registered Agent

81 Name

Carl Marlocci

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

35048 U.S Hwy 19 N

83

84 City

Palm Harbor

FL

85 Zip Code

34684

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)

DATE

8/26/98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **STANDLEY, W F III**
STREET ADDRESS **200 S. BURNETT RD**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ DELETE
NAME **Marlocci, Carl**
STREET ADDRESS **35048 U.S. Hwy 19 N.**
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 **100002628091**
1.3 STREET ADDRESS **-03/28/98--01090--007**
1.4 CITY-ST-ZIP *******550.00 *****550.00**

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.

SIGNATURE

STANDLEY, W F III

8/26/98 1913 1442-4027

CR2E034 (5/98)