FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 96

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

FILED
96 JUN 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042263

1. Corporation Name

NEXSTAR, INC.

Principal Place of Business / Mailing Address

725 W. Highway 434, Suite F
Longwood, Florida 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/15/93
3a. Date of Last Report: 7/3/95

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip / 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip / 30 Country

4. FEI Number: 59-3187594 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

Anthony Wilson
725 W. Highway 434, Suite F
Longwood, Florida 32750

10. Name and Address of New Registered Agent

81 Name: ~~Anthony Wilson~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~725 W. Highway 434, Suite F~~
83
84 City: ~~Longwood~~ FL 85 Zip Code: ~~32750~~

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

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME Anthony Wilson
STREET ADDRESS 725 W. State Road 434, #F
CITY-ST-ZIP Longwood, Florida 32750

TITLE D
NAME Randy Holihan
STREET ADDRESS 725 W. Highway 434, Suite #F
CITY-ST-ZIP Longwood, Florida 32750

TITLE D
NAME Harriette Wilson
STREET ADDRESS 725 W. State Road 434, #F
CITY-ST-ZIP Longwood, Florida 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP [ ] Change [ ] Addition

100001878271
-06/27/96--01062--019
****233.75 ****233.75

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP [ ] Change [ ] Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP [ ] Change [ ] Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP [ ] Change [ ] Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP [ ] Change [ ] Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP [ ] Change [ ] Addition

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: [signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96 (Date) 407/260-2712 (Area Code & Daytime Phone Number)