

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011347 (9)

1. Corporation Name

ZEPHYR BROADCASTING, INC.



Principal Place of Business
37905 WDCF DRIVE
DADE CITY FL 33525

Mailing Address
37905 WDCF DRIVE
DADE CITY FL 33525

3. Date Incorporated or Qualified 02/07/1994
3a. Date of Last Report 08/11/1995
4. FEI Number 59-3230660
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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9. Name and Address of Current Registered Agent

COLLINS, LORI
37905 WDCF DRIVE
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	HUFF, JUDY	
STREET ADDRESS	1102 SUNSHINE AVENUE	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE	VD	DELETE
NAME	HUFF, EARL	
STREET ADDRESS	1102 SUNSHINE AVENUE	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE	VD	DELETE
NAME	MAGGIO, JEFF	
STREET ADDRESS	37905 WDCF DRIVE	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	STD	DELETE
NAME	COLLINS, LORI	
STREET ADDRESS	37905 WDCF DRIVE	
CITY - ST - ZIP	DADE CITY FL 33525	
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	Change	Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and further certify that the information indicated on this annual report or supplemental annual report made under oath; that I am an officer or director of the corporation or the receiver or trustee; that my name appears in Block 12 or Block 13 if changed, or on an attachment with an

does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I certify that this report is true and accurate and that my signature shall have the same legal effect as if empowered to execute this report as required by Chapter 617, Florida Statutes, and I

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Collins

8/6/96 (332)567-1450

CR2E034 (3/96)