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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000011549 (0)**

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****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

1. Corporation Name
CHANNEL 35 OF MIAMI, INC.

Principal Place of Business	Mailing Address
18401 U.S. HWY. 19 NORTH CLEARWATER FL 35624	18401 U.S. HWY. 19 NORTH CLEARWATER FL 35624

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 14444 66th Street N
22: Suite, Apt. #, etc
23: City & State: Clearwater, FL
24: Zip: 34624
25: County: USA

2a. Mailing Address
26: 14444 66th Street N
27: Suite, Apt. #, etc
28: City & State: Clearwater, FL
29: Zip: 34624
30: County: USA

4. FEI Number: 65-0472408 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WATSON, WILLIAM L
18401 U.S. HWY. 19 NORTH
CLEARWATER FL 35624

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, Typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	C ☐ Change ☐ Addition
NAME		12 NAME	James L. West
STREET ADDRESS		13 STREET ADDRESS	14444 66th Street N
CITY ST ZIP		14 CITY ST ZIP	Clearwater, FL 34624
TITLE		21 TITLE	D ☐ Change ☐ Addition
NAME		22 NAME	J. Eric Taylor, Jr.
STREET ADDRESS		23 STREET ADDRESS	P. O. Box 756 - 2025 Indian Rocks Rd.
CITY ST ZIP		24 CITY ST ZIP	Largo, FL 34649
TITLE		31 TITLE	D ☐ Change ☐ Addition
NAME		32 NAME	Paul Williams
STREET ADDRESS		33 STREET ADDRESS	8 Laurel Avenue
CITY ST ZIP		34 CITY ST ZIP	East Islip, NY 11730
TITLE		41 TITLE	D ☐ Change ☐ Addition
NAME		42 NAME	Don Kelly
STREET ADDRESS		43 STREET ADDRESS	5525 S. Mission Road #1207
CITY ST ZIP		44 CITY ST ZIP	Tucson, AZ 85746
TITLE		51 TITLE	D ☐ Change ☐ Addition
NAME		52 NAME	Dan Stuecher
STREET ADDRESS		53 STREET ADDRESS	3380 S. R. 580
CITY ST ZIP		54 CITY ST ZIP	Safety Harbor, FL 34695
TITLE		61 TITLE	D ☐ Change ☐ Addition
NAME		62 NAME	Charles O. Morgan, Jr.
STREET ADDRESS		63 STREET ADDRESS	1300 Northwest 167th Street
CITY ST ZIP		64 CITY ST ZIP	Miami, FL 33169

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: James L. West James L. West 3/24/95 (813) 536-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

C

0350550 CP

Channel 35 of Miami, Inc.

Additional Officers/Directors for Block 13:

S
Gil McDowell
14444 - 66th Street N
Clearwater, FL 34624

T
Robert H. Shreffler
14444 - 66th Street N
Clearwater, FL 34624