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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000029410 (5)

1. Corporation Name

ALACHUA BROADCASTING COMPANY, INC.



Principal Place of Business

Mailing Address

3530 NORTH WEST 30TH PLACE
GAINESVILLE FL 32605

P O BOX 1247
GAINESVILLE FL 32602-1247
US

2. Principal Place of Business

2a. Mailing Address

21 4190 NW 93 Ave
Suite, Apt. #, etc.

26 4190 NW 93 Ave
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Gainesville

28 Gainesville

24 32653 Country
25 USA

29 32653 Country
30 USA

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

03/29/1996

4. FEI Number

59-3245946

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

ROSENBLATT, HOWARD M
408 W UNIVERSITY AVE
SUITE 102
GAINESVILLE FL 32601

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME ROSENBLATT, HOWARD M
STREET ADDRESS 408 W UNIVERSITY AVE SUITE 102
CITY-STATE-ZIP GAINESVILLE FL

TITLE PRESIDENT
NAME EVE D. ACKERMAN
STREET ADDRESS 3530 NW 30 PL
CITY-STATE-ZIP Gainesville FL 32605

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE PRESIDENT
2.2 NAME EVE D. ACKERMAN
2.3 STREET ADDRESS 3530 NW 30 PL
2.4 CITY-STATE-ZIP Gainesville FL 32605

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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, on an attachment with an address.

SIGNATURE:

Eve D. Ackerman

4-14-97

352-335-5003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0088287

CR2E034 (9/96)