

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT:
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000053135**

1. Corporation Name

TELECAST OF FLORIDA, INC.

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90033 041 ***550.00



Principal Place of Business

100 MATSONFORD ROAD
SUITE 454
RADNOR PA 39087

Mailing Address

100 MATSONFORD ROAD
SUITE 454
RADNOR PA 39087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1994

4. FEI Number

76-0463923

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **225 CITY LINE AVE.**

Suite, Apt. #, etc.

22 **SUITE 200**

City & State

23 **BALA CYNWYD PA**

Zip

24 **19004**

Country

25 **DELAWARE**

2a. Mailing Address

26 **225 CITY LINE AVE.**

Suite, Apt. #, etc.

27 **SUITE 200**

City & State

28 **BALA CYNWYD PA**

Zip

29 **19004**

Country

30 **DELAWARE**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 **C** ☐ DELETE

NAME **PAGON, MARSHALL W**
STREET ADDRESS **100 MATSONFORD ROAD, SUITE 454**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **SVC** ☐ DELETE

NAME **VERDECCHIO (SVP/CFO, ROBERT N**
STREET ADDRESS **100 MATSONFORD ROAD, SUITE 454**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **SVP** ☐ DELETE

NAME **LODGE, TED S**
STREET ADDRESS **100 MATSONFORD ROAD, SUITE 454**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **V** ☐ DELETE

NAME **TANKSLEY, ALFRED**
STREET ADDRESS **100 MATSONFORD ROAD, SUITE 454**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **V** ☐ DELETE

NAME **HOBAN, GILBERT J**
STREET ADDRESS **100 MATSONFORD ROAD, SUITE 454**
CITY-ST-ZIP **RADNOR PA 19087**

TITLE **V** ☐ DELETE

NAME **VERLIN, HOWARD E**
STREET ADDRESS **100 MATSONFORD ROAD, SUITE 454**
CITY-ST-ZIP **RADNOR PA 19087**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **225 CITY LINE AVE., SUITE 200**
1.4 CITY-ST-ZIP **BALA CYNWYD, PA 19004**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **225 CITY LINE AVE., SUITE 200**
2.4 CITY-ST-ZIP **BALA CYNWYD, PA 19004**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **225 CITY LINE AVE., SUITE 200**
3.4 CITY-ST-ZIP **BALA CYNWYD, PA 19004**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **225 CITY LINE AVE., SUITE 200**
4.4 CITY-ST-ZIP **BALA CYNWYD, PA 19004**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **225 CITY LINE AVE., SUITE 200**
5.4 CITY-ST-ZIP **BALA CYNWYD, PA 19004**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **225 CITY LINE AVE., SUITE 200**
6.4 CITY-ST-ZIP **BALA CYNWYD, PA 19004**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/99 **610-934-7000**

CR2E034 (5/99)

0124533