

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # P94000088103 (4)

1. Corporation Name

BLACK CROW BROADCASTING, INC.

95 MAR -7 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1253 ANHINGA SANIBEL FL	Mailing Address 1253 ANHINGA SANIBEL FL	3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Report
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2. Principal Place of Business 21 444 Seabreeze Blvd. Suite, Apt., #, etc. 22 Suite 435 City & State 23 Daytona Beach, FL Zip 24 32118	2a. Mailing Address 26 444 Seabreeze Blvd. Suite, Apt., #, etc. 27 Suite 435 City & State 28 Daytona Beach, FL Zip 29 32118	Country 25 U.S.A.	Country 30 U.S.A.	4. FEI Number 650548653	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent DALTON, STEPHEN E 1833 HENDRY ST FT MYERS FL 33901	10. Name and Address of New Registered Agent 81 Name MIKE LINN 82 Street Address (P.O. Box Number is Not Acceptable) 657 OCEAN SHORE 83 84 City ORMOND BEACH FL 85 Zip Code 32176
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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: MIKE LINN DIRECTOR DATE: 3/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME LINN, MIKE	1. TITLE DIPIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1253 ANHINGA	CITY- ST- ZIP SANIBEL FL	2. NAME A LINN, MIKE	
		3. STREET ADDRESS 657 OCEAN SHORE	
		4. CITY- ST- ZIP ORMOND BEACH, FL 32176	
TITLE D	NAME LINN, NICOLE	2.1 TITLE DIP/IS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1253 ANHINGA	CITY- ST- ZIP SANIBEL FL	2.2 NAME LINN, NICOLE	
		2.3 STREET ADDRESS 657 OCEAN SHORE	
		2.4 CITY- ST- ZIP ORMOND BEACH, FL 32176	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY- ST- ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

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 110.07(2)(b), 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 in an attachment with an address.

SIGNATURE: MIKE LINN DATE: 3/1/95 (904) 255-9300