FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400088103 (4)

BLACK CROW BROADCASTING, INC.

FILED Apr 24 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			ı radıradı ire idriri erdiri edilir basılı deriri berdi idribi idribi derib filli födl		
. 2 .	NATIONAL SPEEDWAY BLVD.	126 W. INTERNATIONAL S	PEEDWAY BI	.VD.			
435 Daytona bea	ICH FL 32114	435 Daytona Beach Fl 3211	4-4322				
US		US DENOTE DENOTE DE LA CONTRE DE			3. Date Incorporated or Qualified	3a. Date of Last F	Report
					12/05/1994	04/19/1996	юроп
2. Principal P	Place of Business	2a. Mailing Address		• • • • • • • • • • • • • • • • • • • •	4. FEI Number		pplied For
21		26	26		65-0548653	<u>}</u> +-	lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Cartificale of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	lequired
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Bo		May Bo
23		28]			Trust Fund Contribution Added to Fees		to Fees
Zip	Country	Zip	Country		_ I	has liability for intangible tax under s. 199.032,	
4 25 29 9, Name and Address of Current Registered Agent			30 Florida Statutes Yes No				
1 1818		irrent Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	N, MIKE		61	Name			
	OCEAN SHORE		B2 Street Addr		fress (P.O. Box Number is Not Acceptat	ole)	
OHN	MOND BEACH FL 32176		83				
			53				
			84	City		85 Zip	Code
44 6				l		FL S 2P	
OTTICE OF F	registered agent, or both, in the S	state of Florida. Such change was a	iuthorized by	z the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing in the appointment as	its registered s registered
agent. I a	im familiar with, and accept the o	obligations of, Section 607.0505, Ftd	orida Statute	S.	,	,,	
SIGNATURE	Signature, typed or printed name of registere					~ 74 - 74 - 24 - 24 - 24 - 24 - 24 - 24 -	
12.		S AND DIRECTORS	13.	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DC INL 12
TITLE	DPT				ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	LINN, MIKE		1.1 TITLE 1.2 NAME			E_ change	L.J Addition
STREET ADDRESS	657 OCEAN SHORE		1.3 STREFT	ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY - S				
TITLE	DVS	DILEIE	2.1 1 1 1			Change	Addition
NAME	LINN, NICOLE		2.2 NAME				
STREET ADDRESS	657 OCEAN SHORE		2.3 STRECT	ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL		2. 4 CITY - \$1 - ZIP				
TITLE		DLLETE	3.1 T() LE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CHTY- S	SI-ZIP	•		
TITLE	☐ DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREI 1	ADDRESS			
CITY-ST-2IP		·	4.4 CHTY- S	T-ZIP			
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CHY-S	I - 7IP			
TITLE		☐ DELETE	6 1 111LF			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 \$1REET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
14. I do heret	by certify that the information sup	optied with this filing does not qualify	y for the exe	mption state	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega	s. I further certify that	the
iam an o	ancer or airector of the corporatio	on or the receiver or trustee empowi	ered to exec	ote this repo	n my signature shan have the same lega ort as required by Chapter 607, Florida S	। ਦੁਸ਼ਦਦ ਕੁਝ ਜ਼ made Ur fatutes; and that my	icor oatn; triat name
appears i	in Block 12 or Block 13 if change	d, or on an attachment with an add	ress.			,	