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Mailing Address

DAYTONA BEACH FL 32114

126 W. INTERNATIONAL SPEEDWAY BLVD.

PROFIT CORPORATION ANNUAL REPORT

1999

126 W. INTERNATIONAL SPEEDWAY BLVD.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088103

1. Corporation Name

Principal Place of Business

DAYTONA BEACH FL 32114

BLACK CROW BROADCASTING, INC.

NAME LINN, NICOLE STREET ADDRESS 657 OCEAN SHORE CITY-ST-ZIP ORMOND BEACH FL DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP								12/05/1994			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	2. Principal Place of Business			2a. Mailing Address				T. P. C.			
S. Cardidate Or Status Desired Fee Required Fee Required Fee Required Status Stat	21		26	26				65-0548653 Not Applicable			
22	Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				\$8.7	'5 Add	ditional	
City & State City & State City & City & State City & State	¬ ''			27				5. Certificate of Status Desired Fer	e Requ	ired	
28		9	+					6 Election Campaign Financing - \$5.	00 м	av Be	
Zip	¬ ´			28				1			
9. Name and Address of Current Registered Agent LINN, MIKE 657 OCEAN SHORE ORMOND BEACH FL 32176 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorids Statutes. 14. City 15. City 16. City 16. City 17. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorids Statutes, the above-named corporation submits this statement for the purpose of changing its registered defice or registered agent on both, in the State of Fiorids. 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, Fiorids Statutes. SIGNATURE SIGNATURE DY		Country	1201								
9. Name and Address of Current Registered Agent LINN, MIKE 657 OCEAN SHORE ORMOND BEACH FL 32176 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 agent. I am familiar with, and accept the obligations of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Sections 07.0509, Florida Statutes. SIGNATURE SIGNATURE DPT UNIA MIKE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INN, MIKE 12. NAME UNIA MIKE 13. STREET ALORESS ORNOND BEACH FL 14. CITY 57.2P TITLE DVS UNIN, MICOLE 32. STREET ALORESS ORNOND BEACH FL 13. STREET ALORESS ORNOND BEACH FL 14. CITY 57.2P TITLE DVS 13. THE CARRESS ORNOND BEACH FL 14. CITY 57.2P TITLE DVS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Change Addition 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. CARREST ALORESS ORNOND BEACH FL 19. DELETE 21. TITLE DVS 22. STREET ALORESS ORNOND BEACH FL 33. STREET ALORESS ORNOND BEACH FL 34. CITY 57.2P TITLE DVS 35. STREET ALORESS ORNOND BEACH FL 36. STREET ALORESS ORNOND BEACH FL 37. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES OFFICERS ADDITIONS/CHANGES OFFICERS ADDITIONS/CHANGES OFFICERS ADDITIONS/CHANGES OFFICERS CRANGES ORNOND BEACH FL Change Addition ADDITIONS/CHANGES OFFICERS ADD	一 ・					.,					
LINN, MIKE 657 OCEAN SHORE ORMOND BEACH FL 32176 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 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, and familiar vitin, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar vitin, and accept the obligations of, Section 607.0505, Florida Statutes, over agent of the purpose of changing its registered agent agent, and familiar vitin, and accept the obligations of, Section 607.0505, Florida Statutes, over agent of the purpose of changing its registered agent	24	<u> </u>			30			Total Tropolity			
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B4 City FL 88 Zip Code											
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Signature, typed or printed name of registered agent and tilled if applicables NOTE registered Agent signature required when reinstating) DATE DATE	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										
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE Signature typed or proted name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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		sertify that the information supplied with	this t	iling does not qualify for				ection 119.07(3)(i). Florida Statutes. I further certify that	the info	mation	

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, with all other like empowered.

FILED

Feb 18, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02-18-1999 90010 040 ***150.00