2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000088103

1. Entity Name
BLACK CROW BROADCASTING, INC.

Principal Place of Business	Mailing Address
126 W. INT'L SPEEDWAY BLVD.	126 W. INT'L SPEEDWAY BLVD.
DAYTONA BEACH, FL 32114 US	DAYTONA BEACH, FL 32114 US

04122007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0548653	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	DPT	
NAME	LINN, J. MICHAEL	
STREET ADDRESS	126 W INT'L SPEEDWAY BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

U00000728938
05/08/07-80017-014 250.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ J. Michael Linn   4/20/07   386-255-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #