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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P94000091750 (7)**

1. Corporation Name
TAMPA BAY COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
3643 5TH AVE N ST PETERSBURG FL 33713 US	6101 HAINES ROAD, NORTH ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3643-5TH AVE NORTH	2a. Mailing Address 26 3643-5TH AVE NORTH	3. Date Incorporated or Qualified 12/19/1994	
Suite, Apt. #, etc. 22 ST. PETERSBURG	Suite, Apt. #, etc. 27 ST. PETERSBURG	4. FEI Number ~~59-6001874~~ 59-3370711	Applied For Not Applicable
City & State 23 FL.	City & State 28 FL.	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
Zip 24 33713	Zip 29 33713	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Country 25 USA	Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUCHOL, ROBERT 6101 HAINES ROAD, NORTH ST. PETERSBURG FL 33714	81 Name: MARY ANN TUCHOL 82 Street Address (P.O. Box Number is Not Acceptable): 3643-5TH AVE NORTH 83 ST. PETERSBURG, FL. 84 City: FL 85 Zip Code: 33713

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] MARY ANN TUCHOL 4/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TUCHOL, MARY ANN		1.2 NAME	
STREET ADDRESS	6475-2ND AVE NO.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TUCHOL, ROBERT		2.2 NAME	
STREET ADDRESS	6475 2ND AVE NO.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERBURG FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	000002507450 -05/01/98--01037--028 ***150.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	000002507450 -05/01/98--01037--029 ***8.75
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JC 5/1/98

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] 4/23/98 813-321-9664

CR2E034 (10/97)