


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

0462433

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90204 048 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000001409**

1. Corporation Name  
**BOYD COMMUNICATIONS, INC.**



Principal Place of Business 975 6TH AVE. S., SUITE 104 NAPLES FL 34102 US	Mailing Address 975 6TH AVE. S., SUITE 104 NAPLES FL 34102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5051 Castello Dr Suite, Apt. #, etc. 22 220 City & State 23 Naples, FL Zip 24 34103 Country 25 USA	2a. Mailing Address 26 5051 Castello Dr. Suite, Apt. #, etc. 27 220 City & State 28 Naples, FL Zip 29 34103 Country 30 USA
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3. Date Incorporated or Qualified 01/05/1995	4. FEI Number 65-0555162	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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**BOYD, KIM R**  
975 6TH AVE. S., SUITE 104  
NAPLES FL 34102

10. Name and Address of New Registered Agent  
81 Name **Boyd, Kim R.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
5051 Castello Dr. Suite 220  
83  
84 City **Naples** FL 85 Zip Code **34103**

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 Kim Rodgers Boyd Kim Rodgers Boyd 2/15/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	BOYD, KIM RODGERS	
STREET ADDRESS	975 6TH AVE. S., SUITE 104	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	President	
1.2 NAME	Boyd, Kim Rodgers	
1.3 STREET ADDRESS	5051 Castello Dr., Suite 220	
1.4 CITY-ST-ZIP	Naples, FL 34103	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Kim Rodgers Boyd Kim Rodgers Boyd 2/15/99 941.263.1168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)