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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000051544 (1)

C.W. TV, INC.

FILED
Mar 19 1998 8:00am
Secretary of State

Principal Place of Business 2059 MILLER LANDING ROAD TALLAHASSEE FL 32312 US	Mailing Address 2059 MILLER LANDING R TALLAHASSEE FL 32312 US	COAD	DO NOT WRITE IN	
			3. Date Incorporated or Qualified 07/03/1995	
2. Principal Place of Business 21	26. Mailing Address 26		4. FEI Number 59-3327115	Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
City & State	Crly & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip Country	28	Country	- 	Added to Fees
24 25	29	30	8. This corporation owes or has paid Personal Property Tax due June 30). 🔀 Yes 🗌 No
9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent
WILLIS, CYNTHIA P		Name		
2059 MILLER LANDING ROAD TALLAHASSEE FL 32312			ess (P.O. Box Number is Not Acceptable)	
		83		
		84 City		FL 85 Zip Code
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, typed or printed name of registerist agent 12. OFFICERS AND		Registered Agent signature require		DATE
TITLE D	DELETE	13. 1.1 TIFLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME WILLIS, CYNTHIA P		1.2 NAME		Change Rounding
STREET ADDRESS 2059 MILLER LANDING ROAD		1.3 STREET ADDRESS		į:
CITY-ST-ZIP TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP		[1
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		C orango C y women
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	☐ DELETE	41 TATLE		Change Addition
NAME		4. 2 NAME		1
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		
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		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 suppliemental 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 13 of chapter 607.

CICMATURE

Confluent Willes

March 12 1998 850-668-3625