


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90049 003 ***150.00

DOCUMENT # P95000054825

1. Entity Name
MERIDIAN BROADCASTING, INC.



Principal Place of Business
**2824 PALM BERACH BLVD.
 FT MYERS, FL 33916**

Mailing Address
**2824 PALM BERACH BLVD.
 FT MYERS, FL 33916**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

02182004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**LEIBOWITZ, MATTHEW
 1 SE THIRD AVENUE
 SUITE 1450
 MIAMI, FL 33131**

4. FEI Number
65-0606398

Applied For
 Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE - NAME PTD JOSEPH C. SCHWARTZEL	<input type="checkbox"/> Delete	TITLE - NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14250 ROYAL HARBOUR CT. #917	
STREET ADDRESS 9838 RED REEF COURT		STREET ADDRESS FORT MYERS, FL 33908	
CITY-ST-ZIP FORT MYERS, FL		CITY-ST-ZIP FORT MYERS, FL 33908	
TITLE - NAME	<input type="checkbox"/> Delete	TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE - NAME	<input type="checkbox"/> Delete	TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: Joseph C. Schwartzel **JOSEPH C. SCHWARTZEL** 2/18/04 239-337-2346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #