

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90048 029 \*\*\*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**

**40011946**



2. Principal Place of Business - No P.O. Box #  
**2824 PALM BEACH BLVD**

3. Mailing Address  
**2824 PALM BEACH BLVD**

01252007 Chg-P CR2E034 (12/06)

City & State  
**FT. MYERS, FL**

City & State  
**FT. MYERS, FL**

4. FEI Number  
**65-0606398**

Applied For  
 Not Applicable

Zip  
**33916**

Country  
**U.S.**

Zip  
**33916**

Country  
**U.S.**

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

**6. Name and Address of Current Registered Agent**

**LEIBOWITZ, MATTHEW  
 1 SE THIRD AVENUE  
 SUITE 1450  
 MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PTD	JOSEPH C. SCHWARTZEL	14250 ROYAL HARBOUR CT. #917	FORT MYERS, FL 33908	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-07 239-337-2346**

Date

Daytime Phone #

**JOSEPH C. SCHWARTZEL**