

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

FILED

Apr 22 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P95000075976 (7)

1. Corporation Name

CHANNEL 43 OF BATTLE CREEK, INC.

Principal Place of Business

**14444 66TH STREET, NORTH
CLEARWATER FL 34824**

Mailing Address

**14444 66TH STREET, NORTH
CLEARWATER FL 34824-7204**

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/03/1995 | | 3a. Date of Last Report 05/01/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-3341682 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

g. Name and Address of Current Registered Agent

**SHREFFLER, ROBERT
14444 66TH STREET, NORTH
CLEARWATER FL 34824**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (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 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 | <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | C WEST, JAMES L | 12 NAME | D Stuecher, Dan |
| STREET ADDRESS | 14444 66TH STREET, NORTH | 13 STREET ADDRESS | 3380 S.R. 580 |
| CITY - ST - ZIP | CLEARWATER FL 34824 | 14 CITY - ST - ZIP | Safety Harbor, Florida 34695 |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S MCDOWELL, GIL | 22 NAME | D Kelly, Don |
| STREET ADDRESS | 14444 66TH STREET, NORTH | 23 STREET ADDRESS | 6966 South Placita del Perone |
| CITY - ST - ZIP | CLEARWATER FL 34824 | 24 CITY - ST - ZIP | Tucson, AZ 85746 |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T SHREFFLER, ROBERT | 32 NAME | D Williams, Paul |
| STREET ADDRESS | 14444 66TH STREET, NORTH | 33 STREET ADDRESS | 8 Laurel Avenue |
| CITY - ST - ZIP | CLEARWATER FL 34824 | 34 CITY - ST - ZIP | East Islip, New York 11730 |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P Rubeck, Dustin | 42 NAME | D Taylor, Eric J., Jr. |
| STREET ADDRESS | 14444 66th Street North | 43 STREET ADDRESS | 2025 Indian Rocks Road |
| CITY - ST - ZIP | Clearwater, Florida 34624 | 44 CITY - ST - ZIP | Large, FL 34649 |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D Rusaw, Rick | 52 NAME | |
| STREET ADDRESS | 10345 Ute Highway | 53 STREET ADDRESS | |
| CITY - ST - ZIP | Longmont, Colorado 80501 | 54 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D Morgan, Charles O, Jr. | 62 NAME | |
| STREET ADDRESS | 1300 Northwest 167th Street | 63 STREET ADDRESS | |
| CITY - ST - ZIP | Miami, Florida 33169 | 64 CITY - ST - ZIP | |

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert H. Shreffler **Robert H. Shreffler** 4/17/97 813-536-0036

CR2E034 (9/96)