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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081191 (5)

1. Corporation Name
CHANNEL 55 DALLAS, INC.



Principal Place of Business
14444 66TH STREET, NORTH
CLEARWATER FL 34624

Mailing Address
14444 66TH STREET, NORTH
CLEARWATER FL 34624-7204

3. Date Incorporated or Qualified
10/20/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3346011		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Country		Country	
24		29		30			

9. Name and Address of Current Registered Agent

SHREFFLER, ROBERT
14444 66TH STREET, NORTH
CLEARWATER FL 34624

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, JAMES L	1.2 NAME	Morgan, Charles O., Jr.
STREET ADDRESS	14444 66TH STREET, NORTH	1.3 STREET ADDRESS	1300 Northwest 167th Street
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	Miami, Florida 33169
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, GIL	2.2 NAME	Kelly, Don
STREET ADDRESS	14444 66TH STREET, NORTH	2.3 STREET ADDRESS	6966 South Placita del Perone
CITY-ST-ZIP	CLEARWATER FL 34624	2.4 CITY-ST-ZIP	Tucson, Arizona 85746
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHREFFLER, ROBERT	3.2 NAME	Williams, Paul A.
STREET ADDRESS	14444 66TH STREET, NORTH	3.3 STREET ADDRESS	8 Laurel Avenue
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	East Islip, New York 11730
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rubeck, Dustin D.	4.2 NAME	Rusaw, Rick
STREET ADDRESS	14444 66th Street North	4.3 STREET ADDRESS	10345 Ute Highway
CITY-ST-ZIP	Clearwater, Florida 34624	4.4 CITY-ST-ZIP	Longmont, Colorado 80501
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuecher, Dan	5.2 NAME	
STREET ADDRESS	3380 State Road 580	5.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, Florida 34695	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Eric J.	6.2 NAME	
STREET ADDRESS	2025 Indian Rocks Road	6.3 STREET ADDRESS	
CITY-ST-ZIP	Largo, Florida 34644	6.4 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: *Robert H. Shreffler* Robert H. Shreffler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 813-536-0036
Date Daytime Phone #

CR2E034 (9/96)