

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000022682 (4)

1. Corporation Name

CONNECTICUT BROADCAST MEDIA OF GAINESVILLE, INC.

FILED
Sep 30 1998 8:00am
Secretary of State



Principal Place of Business

249 UNIVERSITY AVENUE
GAINESVILLE FL 32601

Mailing Address

249 UNIVERSITY AVENUE
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1996

4. FEI Number

65-0655416

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

2. Principal Place of Business

21 249 West University Ave

Suite, Apt. #, etc.

22 Suite B

City & State

23 Gainesville, FL

Zip

24 32601

Country

25 Alachua

2a. Mailing Address

26 249 West University Ave

Suite, Apt. #, etc.

27 Suite B

City & State

28 Gainesville, FL

Zip

29 32601

Country

30 Alachua

9. Name and Address of Current Registered Agent

DAWSON, KENNETH
249 UNIVERSITY AVENUE
STE B
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

249 West University Avenue

83

Suite B

84

Gainesville

FL

85 Zip Code

32601

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

Kenneth Dawson 9/23/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAWSON, HILDA M
STREET ADDRESS 11218 BOCA WOODS LN
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VPST ☐ DELETE

NAME DAWSON, KENNETH
STREET ADDRESS 249 UNIVERSITY AVENUE Suite B
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

Kenneth Dawson

9/15/98 (351) 237-1980

CR2E034 (5/98)