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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P96000028733 (9) DOCUMENT

SOUTHERN TV CORPORATION

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						11001 10111 10000 11100 1111 1001
846 BOCA CIEGA ISLE 646 BOCA CIEGA ISLE ST PETE BEACH FL 33706 ST PETE BEACH FL 33			706		DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified 03/22/1996	
2. Principal Place of Business 2a. Mailing Add				,	4. FEI Number	Applied For
21 26		26			59-3379075	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Cou		try	8. This corporation owes or has paid the	current year Intangible
24	25	29 30			Personal Property Tax due June 30. Yes No	
9 Name and Address of Current Registered Agent DIDED ANGUACIA D					10. Name and Address of New Register	ed Agent
	ER, MICHAEL B		1	Name		
3637 - 4TH ST N SUITE 410			•	Street Add	dress (P.O. Box Number is Not Acceptable)	
ST	PETERSBURG FL 33704		6	13		
			E	4 City		85 Zip Code
					F	'∟
11. Pursuant i office or re agent. Lai	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	ites, the abo authorized Iorida Statu	ove-named co by the corporates.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE						
·····	Signature, typed or printed name of registered as	gent and tille if applicable (NO ND DIRECTORS		gent aignatura req	uirad when reinslating) DATI	
12.	Ď	DELETE	13.	: T	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	JOHNSON, DAN L		1.2 NAM			
STREET ADDRESS	440 0004 000 1010			ET ADDRESS		
CITY-ST-ZIP	OT DETE DEADLE IL ANTON			-S1-ZIP		
TITLE	Ď	DELETE				Change Addition
NAME	KEELEAN, ROBERT G	LEAN, ROBERT G 22N		E		
STREET ADDRESS	ARRA CARCALLA AVE AVE		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	OT DETEROPHEDO EL COSOS			7 - ST - ZIP		
TITLE		☐ DELETE	3.1 TITL			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3 3 STRE	EFT ADDRESS		
CITY-ST-ZIP			3 4. CITY	-ST-ZIP		
TITLE	-	☐ DELETE	4.1 THTL	: -		Change Addition
NAME			4. 2 NAN	1E		
STREET ADDRESS			4.3 STAE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITU			☐ Change ☐ Addition
NAME			5.2 NAM	Ε		j
STREET ADDRESS			5.3 STR	ET ADDRESS		į
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	E1 ADDRESS		•
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		

14. Thereby 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.