## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000044892

Name:

Address:

City-St-Zip:

NOEL, WILLIAM D JR

381 STRASBURG DRIVE

PORT CHARLOTTE, FL 33952

1e: HEARTLAND BROADCASTING CORPORATION

FILED Mar 13, 2005 Secretary of State

Entity Nai	me: HEAR	LAND BROADCASTING CORP	ORATION		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
300 KLISP PUNTA GO	IE DRIVE ORDA, FL 3	3950			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
300 KLISP PUNTA G	IE DRIVE ORDA, FL 3	3950			
FEI Number:	: 65-0680482	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BOYLE, CHARLES T 115 WEST OLYMPIA AVENUE PUNTA GORDA, FL 33950 US			BOYLE, CHARLES T 99 NESBIT STREET PUNTA GORDA, FL 3:		
	named entite of Florida.	ry submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CHARLES T BOYLE ESQ				03/13/2005	
	npaign Financ	onic Signature of Registered Ag		Date	
Title: Name: Address: City-St-Zip:	KNELLER, H 300 KLISPIE	( ) Delete IAROLD M JR		S TO OFFICERS AND DIRECTORS: ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KNELLER, J 300 KLISPIE		Title: Name: Address: City-St-Zip:	)Change ()Addition	
Title:	VP	(X) Delete	Title:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HAROLD M KNELLER JR PTD 03/13/2005