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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056132 (9)

SPACECOAST BROADCAST PARTNERS, INC.

Principal Place of Business Mailing Address 1126 S DIVISION ST 1126 S DIVISION ST ORLANDO FL 32805 ORLANDO FL 32905-4716 3a. Date of Last Report 3. Date Incorporated or Qualified 07/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KELLEY, GARLA C 118 W ORANGE ST SUITE 100 82 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714 83 84 City 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) Stignature, typed or printed name of registered agent and bits if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 Chance Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME DONALL GEORGE NAME 1126 S DIVISION ST 1.3 STREET ADDRESS STREET ADORESS ORLANDO FL 32805 1.4 CITY-ST-ZIP CHY-S1-7/P Addition DELETE 2.1 TITLE THE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET ADDRESS 2 4 City-ST-ZIP CRY-ST-ZF Addition DELETE 31 TITLE THE 3.2 NAME NAMI 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - 2IF 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TilliE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST-ZIP CHY-ST-70 Change Addition DELETE 6.1 TITLE HILL 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 City-St-ZiP City - \$1 - 2i9 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.

DOULD BEORGE DONAL PASS. 4-28-97

FILED
May 05 1997 8:00am
Secretary of State

(96/6)

0006841

