

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 18 1997 8:00am  
Secretary of State

DOCUMENT # P96000060533 (2)

1. Corporation Name

CUMMINGS MEDIA GROUP, INC.

Principal Place of Business

6155 SO. FLORIDA AVENUE STE 7  
LAKELAND FL 33813

Mailing Address

6155 SO. FLORIDA AVENUE STE 7  
LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1996

3a. Date of Last Report

4. FEI Number

59-3395673

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

2a. Mailing Address

P.O. Box 1241

Suite, Apt. #, etc.

City & State

Bartow, FL

Zip

Country

29

33830

28

27

26

25

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUMMINGS, MICHAEL L  
1110 GAUSE AVENUE  
BARTOW FL 33830

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

*Michael L. Cummings*  
Signature, typed or printed name of registered agent and title if applicable.

Michael L. Cummings

(NOTE: Registered Agent signature required when reinstating)

DATE

9-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CUMMINGS, MICHAEL L  
STREET ADDRESS 1110 GAUSE AVENUE  
CITY-ST-ZIP BARTOW FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE Secretary/Treasurer  
1.2 NAME Pamela H. Scott  
1.3 STREET ADDRESS 6604 N. 33rd St.  
1.4 CITY-ST-ZIP Tampa, FL 33610

2.1 TITLE P/C  
2.2 NAME CUMMINGS, MICHAEL L  
2.3 STREET ADDRESS 1110 GAUSE AVENUE  
2.4 CITY-ST-ZIP Bartow, FL 33830

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Michael L. Cummings*  
Michael L. Cummings 9-14-97 (941) 648-2892

CR2E034 (4/97)