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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000061967 (1)

1. Corporation Name
FLORIDA MEDIA BROADCASTERS, INC.

Principal Place of Business

687 FELLOWSHIP DRIVE
FERN PARK FL 32730

Mailing Address

687 FELLOWSHIP DRIVE
FERN PARK FL 32730-2790



2. Principal Place of Business

21 300 Nine Mile Point Rd

Suite, Apt. #, etc.

22

City & State

23 Pierson, FL

Zip

24 32180

Country

2a. Mailing Address

26 6161 Lake Winona Rd

Suite, Apt. #, etc.

27

City & State

28 DeLeon Springs, FL

Zip

29 32130

Country

30

3. Date Incorporated or Qualified

07/24/1996

3a. Date of Last Report

4. FEI Number

59-3391038

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

HALL, DAVID W
225 S WESTMONTE DR
ALTAMONTE SPRINGS FL 32814

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HALL, DAVID W
STREET ADDRESS
225 S WESTMONTE DRIVE STE 3020
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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

NAME
James D. McCotter
STREET ADDRESS
P.O. Box 3266 N/A
CITY-ST-ZIP
Avon, CO 81620

2.1 TITLE ☐ Change ☒ Addition

NAME
Susan P. Walters
STREET ADDRESS
6161 Lake Winona Road
CITY-ST-ZIP
DeLeon Springs, FL 32130

3.1 TITLE ☒ Change ☐ Addition

NAME
David W. HALL
STREET ADDRESS
225 S. Westmonte Drive, Suite 3020
CITY-ST-ZIP
Altamonte Springs, FL 32714

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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

James D. McCotter

CR2E034 (9/96)