

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P96000061967 (1)**  
1. Corporation Name

**FLORIDA MEDIA BROADCASTERS, INC.**

FILED  
Aug 20 1998 8:00am  
Secretary of State



Principal Place of Business

**300 NINE MILE POINT ROAD  
PIERSON FL 32180  
US**

Mailing Address

**523 Douglas Ave  
6161 LAKE WINONA ROAD  
Altamonte Springs, FL 32714  
DELEON SPRINGS FL 32130  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/24/1996**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 Same**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**Country**

**28 Zip**

**Country**

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 **S** ☐ DELETE

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

TITLE **T** ☒ DELETE

NAME **WALTERS, SUSAN P**  
STREET ADDRESS **6161 LAKE WINONA ROAD**  
CITY-ST-ZIP **DELEON SPRINGS FL**

TITLE **P** ☐ DELETE

NAME **MCCOTTER, JAMES D**  
STREET ADDRESS **P.O. BOX 3266 N/A**  
CITY-ST-ZIP **AVON CO**

TITLE ☐ DELETE

NAME  
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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, changed, or on an attachment with an address.

SIGNATURE

**7-31-98**

**11/27/2011-2626**

CR2E034 (5/98)