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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600061967

Corporation Name

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

FLORIDA MEDIA BROADCASTERS, INC.

300 NINE MILE POINT ROAD PIERSON FL 32180 US		523 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714 US				-					
						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporate 07/24/1996					
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		•		Applied For	.
21	• • •	26				59-3391038			· [Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.7	5 Additional	_
22		27				5. Certifcate of Stat	us Desired			Required	'
City & Stat	te	City & State				6. Election Campai	gn Financing		\$5.0	00 May Be	
23		28				Trust Fund Conti	ribution			ed to Fees	
Zip	Country	Zip	Coun	ıtry		8. This corporation	owes the curr	ent year Int	angible		
24	25	29	30			Personal Propert	у Тах.	-	🗌 Yes	□No	
	9. Name and Address of Current	Registered Agent	$\overline{}$			10. Name and Addr	ess of New F	Registered	Agent	· 	
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HAL	L, DAVID W	* · ·	L								
225	S WESTMONTE DR	· .	1	82 S	treet Addres	ss (P.O. Box Number i	s Not Accepta	ible)			1
ALT	AMONTE SPRINGS FL 32814		- -	83				· · · · · · · · · · · · · · · · · · ·	2.0	<u> </u>	
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	•		. [84 C	City	1		FI	85 Z	ip Code	- 2
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the abo	ove-na	amed corpora	ation submits this stat	ement for the	purpose of	<u>l l</u> changing	its registere	d
office or r	registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was au	thorized I	by the	corporation'	's board of directors. I	hereby accep	the appoir	ntment as	registered	_ }
				les.							ļ
SIGNATURE											
	Signature, typed or printed name of registered agent		Registered A		nature required w		1050 TO 05	DATE	n Dineo	TODO 151 40	
12.	OFFICERS AND	DIRECTORS	Registered A	Agent sig	nature required w	then reinstating) ADDITIONS/CHAI	NGES TO OF		-		_
12. TITLE	OFFICERS AND		Registered A 13. 1.1 TITU	Agent sig	nature required w		NGES TO OF		D DIREC		_
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12. TITLE	OFFICERS AND S HALL, DAVID W 225 S WESTMONTE DRIVE STE	DIRECTORS DELETE	Registered A 13. 1.1 TITLI 1.2 NAM	Agent sig		ADDITIONS/CHAP	NGES TO OF		-		_
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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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

TUATURE REQUIRED

1/13/99 4077743626

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90046 037 ***150.00

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