

DOCUMENT # P96000100334

1. Entity Name

WILLIAMS BROADCASTING COMPANY

Principal Place of Business

PO BOX 308 X
CRYSTAL RIVER FL 34428
US

Mailing Address

300 NW HWY 19
2512 W. BERMUDA DUNES DR
CRYSTAL RIVER FL 34429
US

2. Principal Place of Business

1929 NW HWY 19

Suite, Apt. #, etc.

3. Mailing Address

1929 NW HWY 19

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

Zip
34428Country
USZip
34428Country
US

4. FEI Number

65-0716625

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT V JR.
3360 N. W. 11th Ave
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3131 W. BERMUDA DUNES DRIVE

City
LECANTO

FL

Zip Code
34461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, ROBERT
STREET ADDRESS 3131 W BERMUDA DUNES DR
CITY-ST-ZIP LECANTO FL ☐ DeleteTITLE VPD
NAME WILLIAMS, GAIL R
STREET ADDRESS 3131 W BERMUDA DUNES DR
CITY-ST-ZIP LECANTO FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: ROBERT V JR WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/31/00

Daytime Phone #

KE

06-12-2000 90039 037 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/98)

→ 352-795-3875