

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000008596

1. Entity Name  
 1230 AM BROADCASTING CORP.



Principal Place of Business  
 2070 NO PALAFOX ST  
 PENSACOLA, FL 32501

Mailing Address  
 2070 NO PALAFOX ST  
 PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3483352 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

GLINTER, MICHAEL  
 2212 INVERNESS DR.  
 PENSACOLA, FL 32503

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLINTER, MICHAEL B 2212 INVERNESS DRIVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLINTER, DARA L 2212 INVERNESS DRIVE PENSACOLA, FL 32503
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	

U00000119404  
 04/19/04-80099-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dara L Glinter* DARA L GLINTER 4/15/04 850-434-1230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #