FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000028263 (6)

GREAT	TER OCALA BROADCASTIN	G CORPORATION				######################################
Principal Plac	ce of Business	Mailing Address		·	- 1400114011 110 10111 40011 40111 40111 4011	IN MOTION CONTACTOR IN THE CONTRACT OF THE PROPERTY OF THE PRO
1515 EAST SILVER SPRINGS BLVD. #190W 1515 EAST SILVER SPRING OCALA FL 34470 OCALA FL 34470			INGS BLVD. #19	ow	DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	
					03/25/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26					59-3438513	Not Applicable
		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid	
24	25 9. Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due June : 10. Name and Address of New Reg	
		att negisteren Agent	81	Name	IV. Hame allu Address of New Neg	hetered Agent
BLANCHARD, DOCK A ESQ 4 SOUTHEAST BROADWAY OCALA FL 34471					(200 B) M	
			82	2 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			1 1	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statu	ites, the above-r	named corpo	oration submits this statement for the poon's board of directors. I hereby accept	urpose of changing its registered
office or l	registered agent, or both, in the Stati am fam iliar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, F	authorized by th Iorida Statutes.	ne corporation	on's board of directors. I hereby accept	the appointment as registered
SIGNATURE						
Old Williams	Signature, typed or printed name of registered ag		TE: Registered Agent	eriuper erutengia		DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PVD DELETE		1,1 TITLE			Change Addition
NAME	TO TO COLL THOUSENESS IN		1.2 NAME			İ
STREET ADDRESS 1515 EAST SILVER SPRINGS BL		S BLVU. #190W	1.3 STREET ADDRESS			,
CITY-ST-ZIP	OCALA FL 34470		1,4 CITY-ST-ZIP 2,1 TITLE			Change Addition
TITLE	1	STD DELETE		- 1		Change C Addition
NAME	MODELLI, HOLINA		2.2 NAME			
{ · · ·				OORESS		
CITY-ST-ZIP TITLE	OCALA FL 34470		2. 4 CITY - ST - 3.1 TITLE	ZIP .		Change Addition
NAME			3.1 NILE			C CHANGE C MONDON
STREET ADDRESS	}		3.3 STREET AD	INRESS		
CITY-ST-ZIP			3.4. CITY-ST-			i
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME	Ì		
STREET ADDRESS			4.3 STREET AD	IDRESS		
CITY-ST-ZIP			4.4 CITY - ST- 2	<u> </u>		
TITLE	DELETE		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	DRESS		
CITY-ST-ZIP			5.4 CITY-ST-2			
TITLE		DELETE	6.1 7ITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AD	DRESS		

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 suppliemental 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 my address.

6.4 CITY-ST-ZIP

FILED

Apr 01 1998 8:00am

Secretary of State