| | Q CASE DEAD | | SINCTIONS | DEEODE A | NOMBLET | ING THIS FORM. |
|---|--|--|--|--|--------------------------------------|--|
| AP | | FLORI | A PARTMA | TAF A F | OWIPLET | FILED |
| RE | FOR ISTATEMENT | U | tary of | ta HK | | 99 JUL 12 AMII: 17 |
| DOC | UMENT # P970000543 | | VISION OF CORPO | RATIONS | 1 | DERUGARY OF STATE |
| | NACLE FM BROADCASTING, | INC. | | ₹. | | |
| Principal P | lace of Business | Mailing Addre | ess | | | |
| UNIT | MIDNIGHT COVE 11 120 SOTA, FLORIDA 34242 | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction | | | | | REIN | STATEMENT <u>98-99°</u> |
| 2. New Pri | incipal Office Address, If Applicable | New Mailing Office Address, if Applicable Suite, Apt. #, etc. | | | Date Incorporate To Do Busin | orated or Qualified ness in Florida 06/19/1997 |
| City & State | | City & State | | | 5. FEI Number 74 - 0 | 7279283 Applied For Not Applicable |
| Zip | Country | Zip | Country | y | 6. | S8.75 Additional Fee required for a Certificate of Status |
| 7. Names | and Street Addresses of Each Officer and | or Director (Floi | | | | |
| Title(s) Name of Officers and/or Directors 2 | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N | | | City / State / Zip |
| D/VP JOSEPH L. NEWMAN 9421 HO | | | 9421 HOLID | DAY DRIVE INDIANAPOLIS, INDIANA 46260 | | |
| D/P THOMAS W. KEARNEY 1900 MID | | | 1900 MIDNI | GHT COVE II, UNIT SARASOTA, FLORIDA 34242 | | |
| | | | | | 120 | |
| | | | | 3000029327233 -07/16/9901002005 *****900.00 *****900.00 | | |
| | | | | | | |
| | 8. Name and Address of Current | Registered Age | nt | | 9. Name and A | ddress of New Registered Agent |
| CORPORATION SERVICE COMPANY | | | | Name CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA STREET Suite. Apt. #. Etc. | | |
| TALLAHASSEE, FLORIDA 32301-2525 USA | | | | SUITE 1 | | |
| City TALLAH 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept | | | | | = = | State Zig Code |
| Signature o Registered | Ch. H | MANUAL GISTERED AGI | ENT MUST SIGN | in and accept the of | onganons or Secu | Date 7/12/99 |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No U (See other side for information on intangible tax.) | | | | | | |
| this rein owed by | istatement application, the reason for disse | olution has been names of individi | eliminated, the corpo- uals listed on this forn | rate name satisfies in do not qualify for : | the requirements an exemption und | pter 607 or 617, F.S. I further certify the wide fulling of section 607,0401 or 617,0401, F.S., Frai all reds der section 119.07(3)(i), F.S. The information indicated |
| SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/8/9/9 Date Daylinic Phone # | | | | | | |