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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063390 (3)

INTERMART BROADCASTING ORO VALLEY, INC.

Mailing Address

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business 4810 DELTONA DRIVE 4810 DELTONA DRIVE PUNTA GORDA FL 33950 **PUNTA GORDA FL 33950** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1997 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For ~ 0768939 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOTOLAW, INC. 1301 RIVERPLACE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1301** JACKSONVILLE FL 32207 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TIFLE 1.1 TITLE MARTIN, JAMES F JR. NAME 1.2 NAME **4810 DELTONA DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change X Addition TITLE 21 TITLE Patricia S. DAhlin NAME 2.2 NAME 4032 BIG PASS LANE STREET ADDRESS 2.3 STREET ADDRESS Punta Gorda FL 33955 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5 2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITI F 6.1 TITLE MALIF 62 NAME STREET ADDRESS **63 STREET ADDRESS** 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 changed, or on an attachment with an address

SIGNATURE:

941-039-1188