

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90126 050 \*\*\*150.00

**DOCUMENT # P97000063390**

1. Corporation Name

**INTERMART BROADCASTING ORO VALLEY, INC.**

Principal Place of Business

~~4010 DELTONA DRIVE~~  
~~PUNTA GORDA FL 33950~~

Mailing Address

~~4010 DELTONA DRIVE~~  
~~PUNTA GORDA FL 33950~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/22/1997**

4. FEI Number

**65-0768939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **9148 Bonita Bch Rd**

Suite, Apt. #, etc.

22 **#205**

City & State

23 **Bonita Springs FL**

Zip

24 **34135**

Country

2a. Mailing Address

26 **9148 Bonita Bch Rd**

Suite, Apt. #, etc.

27 **#205**

City & State

28 **Bonita Springs FL**

Zip

29 **34135**

Country

30

9. Name and Address of Current Registered Agent

~~MOTOLAW, INC.~~  
~~1301 RIVERPLACE BLVD.~~  
~~SUITE 1301~~  
~~JACKSONVILLE FL 32207~~

10. Name and Address of New Registered Agent

81 Name

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

83 **#205**

84 City

**Bonita Springs**

FL

85 Zip Code

**34135**

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

*Patricia S. Dahlin V.P.*

(NOTE: Registered Agent signature required when reinstating)

DATE

*Patricia S. Dahlin 3/8/99*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**

STREET ADDRESS ~~4010 DELTONA DRIVE~~

CITY-ST-ZIP ~~PUNTA GORDA FL 33950~~

TITLE ☐ DELETE

NAME **V**

STREET ADDRESS **DAHLIN, PATRICIA S.**

CITY-ST-ZIP **4032 BIG PASS LANE**

**PUNTA GORDA FL 33955**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia S. Dahlin V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/8/99*  
Date

*941-949-0808*  
Daytime Phone #

CR2E034 (1/98)