

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 90086 049 ***150.00

DOCUMENT # P97000063393

1. Corporation Name

INTERMART BROADCASTING TWIN FALLS, INC.

Principal Place of Business

~~4810 DELTONA DRIVE~~
PUNTA GORDA FL 33960

Mailing Address

~~4810 DELTONA DRIVE~~
PUNTA GORDA FL 33960

2. Principal Place of Business

21 9148 Bonita Bch. Rd.

Suite, Apt. #, etc.

22 # 205

City & State

23 Bonita Springs Fl

Zip Country

24 34135 25

2a. Mailing Address

26 9148 Bonita Bch. Rd.

Suite, Apt. #, etc.

27 # 205

City & State

28 Bonita Springs Fl

Zip Country

29 34135 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

65-0768938

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

9. Name and Address of Current Registered Agent

MOTOLAW, INC.
1301 RIVERPLAGE BLVD.
SUITE 1301
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Patricia S. Dahlin
82 Street Address (P.O. Box Number is Not Acceptable)
9148 Bonita Bch. Rd.
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.

Patricia S. Dahlin

DATE

3/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARTIN, JAMES E JR.

STREET ADDRESS 4810 DELTONA DRIVE

CITY-ST-ZIP PUNTA GORDA FL 33960

TITLE V ☐ DELETE

NAME DAHLIN, PATRICIA S.

STREET ADDRESS 4032 BIG PASS LANE

CITY-ST-ZIP 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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 1427

Boca Grande FL 33921

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

Patricia S. Dahlin v.p.

3/9/99

Date

941-947-0800

Daytime Phone #

CR2E034 (11/98)

0451626