

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90053 041 \*\*\*150.00

DOCUMENT # P98000019383

1. Corporation Name

SUN VALLEY TELEVISION, INC.

Principal Place of Business

525 FENTRESS BLVD.  
DAYTONA BEACH FL 32114

Mailing Address

525 FENTRESS BLVD.  
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

59-3501723

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☒ Yes☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

VOGES, WILLIAM J  
525 FENTRESS BLVD.  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROOT, CHAPMAN J II	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROOT, JOHN S	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VOGES, WILLIAM J	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROOT, JOHN S.	
1.3 STREET ADDRESS	525 FENTRESS BLVD.	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VOGES, WILLIAM J.	
2.3 STREET ADDRESS	525 FENTRESS BLVD.	
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROOT, J. PRESTON	
3.3 STREET ADDRESS	525 FENTRESS BLVD.	
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETERS, MELISSA	
4.3 STREET ADDRESS	525 FENTRESS BLVD.	
4.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DITTBENNER, EILEEN	
5.3 STREET ADDRESS	525 FENTRESS BLVD.	
5.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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(1)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. ROOT, PRESIDENT

(904) 258-4700

(Daytime Phone)

CR2E034 (11/98)