

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000089863**

1. Entity Name

**COMMUNITY BROADCASTING CORPORATION****FILED****Feb 10, 2000 8:00 am  
Secretary of State**

02-10-2000 90064 046 \*\*\*150.00

Principal Place of Business

Mailing Address

264 ROCK HILL COURT  
MARCO ISLAND FL 34145  
US1501 PARK AVE. E.  
TALLAHASSEE FL 32301-2817

2. Principal Place of Business

3. Mailing Address

215 Waterside Circle

215 Waterside Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201

#201

City &amp; State

City &amp; State

Marco Island, FL

Marco Island, FL

Zip

Country

Zip

Country

34145

US

34145

US

4. FEI Number

59-3544512

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGLER & DOUGHERTY, P.A.  
1501 PARK AVE. E.  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CCEO  
STORM, RICHARD JR  
264 ROCK HILL CT.  
MARCO ISLAND FL 34145 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C/CEO/D  
STORM, RICHARD JR.  
215 WATERSIDE CIRCLE, #201  
MARCO ISLAND, FL 34145 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
FARMER, DON  
388 LAMPLIGHTER DRIVE  
MARCO ISLAND FL 34145 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
IGLER, A. GEORGE  
1501 PARK AVENUE EAST  
TALLAHASSEE FL 32301 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
JOHNSON, CHRIS  
58 LAKESIDE DRIVE  
NEW FAIRFIELD CT 06812 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D/T  
JOHNSON, CHRIS ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
LABUZEUSKI, JOE  
3795 WEYMOTH CIRCLE  
NAPLES FL 34112 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 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

Date

Daytime Phone #

1-31-2000