

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90095 029 ***150.00

DOCUMENT # P99000063979

1. Entity Name

MID-FLORIDA BROADCASTING, INC.

Principal Place of Business

**6019 SCOTCHWOOD GLEN, #104
 ORLANDO FL 32822**

Mailing Address

**8019 SCOTCHWOOD GLEN, #104
 ORLANDO FL 32822-4300**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3587158 211012

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ASHWORTH, ROGER C
 6019 SCOTCHWOOD GLEN, #104
 ORLANDO FL 32822**

7. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> Delete
NAME	ASHWORTH, ROGER C
STREET ADDRESS	6019 SCOTCHWOOD GLEN, #104
CITY - ST - ZIP	ORLANDO FL 32822
TITLE	D <input type="checkbox"/> Delete
NAME	ASHWORTH, JANCEE P
STREET ADDRESS	6019 SCOTCHWOOD GLEN, #104
CITY - ST - ZIP	ORLANDO FL 32822
TITLE	D <input type="checkbox"/> Delete
NAME	AYERS, ALLEN B
STREET ADDRESS	200 EMERALD AVE.
CITY - ST - ZIP	LAKE WALES FL 33853
TITLE	D <input type="checkbox"/> Delete
NAME	FISHER, JOSEPH
STREET ADDRESS	665 LAKE HOWARD DR., SW
CITY - ST - ZIP	WINTER HAVEN FL 33380
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

4/6/00 407-592-6311

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE