2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068711

Country

7751 St. Johns Bluff Rd.

Suite, Apt. #, etc.

Jacksonville,

City & State

AFFILIATED BROADCASTING CORPORATION								
Principal Place of Business	Mailing Address							
SOUTHPOINT DRIVE SUITE 200 SOUTHPOINT DRIVE SUITE 200	-SE20-SOUTHPOINT DRIVE - SUITE 200- HACKSONWILLE-FL-32216-0940*							
2 Principal Plana of Business	3 Mailing Address							

2251 St. Johns Bluff Rd.

Country

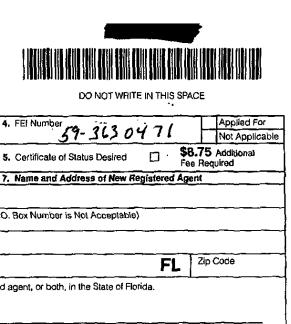
Suite, Apt. #, etc.

Jacksonville.

City & State

FILED May 30, 2000 8:00 am Secretary of State

05-01-2000 90066 028 ***150.00



<u> 32246</u>	<u> </u>	USA	32246		_USA	Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
BLACKBURN & COMPANY, L.C. 6620 SOUTHPOINT DRIVE SUITE 200				Street Address (P.O. Box Number is Not Acceptable)							
JACKS	ONVILLE	FL 32216			l						
					City				Zip Code		
8. The above n	named entity	y submits this statement for	the purpose of changing its	register	ed office or	registered ag	ent, or both, in the State of Florida.				
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if explicable. (NOTE	: Registere	d Agent signatur	ra required when re	oinstating)	DATE			
	equirement a	ible to satisfy its Intangible and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee	will be \$5	50.00	10. Election Campaign Financi Trust Fund Contribution.	ng 🗀	\$5.00 Added	May Be to Fees	
11.		OFFICERS AND	DIRECTORS	12.		AC	DDITIONS/CHANGES TO OFFICER	S AND	DIRECTORS	IN 11	l
	CEO/DII		☐ Oelete	Tim	E	·			Change	Addition	(00/0/
	Wallace	e Ray Davis		NAN	16					_	
		t. Johns Bluff	Rd.	STR	EET ADDRESS						72.0
The state of the s		nville, FL 322		C)T	Y-\$7-ZIP						ŭ
	PRES./		☐ Delete	TITE	Æ				☐ Change	Addition	5
NAME]	R. Van	Dalton		NAM	AE J						l
STREET ADDRESS	3601 Q	uail Creek Rd.	•		EET ADORESS	·	- -	•	•-	-	
CITY-ST-ZIP	Oklahoma City, OK 73120			CITY	Y-ST-ZIP						}
TITLE	V.P./D	IR	☐ Delete	TITL	.E				Change	Addition	
NAME	James	Shaffer		NAI	V.E						
STREET ADDRESS	51192	CR 109		4	eet address						
		t, IN 46514		CIT	Y-\$1-ZIP		<u> </u>				1
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1		eth M. Davis		NA)	WE						ļ
STREET ADDRESS	2251 S	t. Johns Bluff	Rd.		REET ADDRESS						1
CITY-ST-ZIP	Jackso	nville, FL 32:	246	CIT	Y-ST-ZIP	<u> </u>					
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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: El izabeth Davis V SIGNATURE EL IZabeth Davis O PRINTED NAME OPPICER ON DIRECTOR

204 642 8702

Daytime Phone #