

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

May 30, 2000 8:00 am
Secretary of State

05-01-2000 90066 028 ***150.00

DOCUMENT # P99000068711

1. Entity Name

AFFILIATED BROADCASTING CORPORATION

Principal Place of Business

Mailing Address

~~SOUTHPOINT DRIVE SUITE 200~~
~~JACKSONVILLE FL 32246~~

~~6620 SOUTHPOINT DRIVE SUITE 200~~
~~JACKSONVILLE FL 32216-0940~~

2. Principal Place of Business

2251 St. Johns Bluff Rd.

3. Mailing Address

2251 St. Johns Bluff Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3630471

Applied For

Not Applicable

Zip

32246

Country

USA

Zip

32246

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKBURN & COMPANY, L.C.
6620 SOUTHPOINT DRIVE SUITE 200
JACKSONVILLE FL 32216

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 CEO/DIR
NAME Wallace Ray Davis
STREET ADDRESS 2251 St. Johns Bluff Rd.
CITY-ST-ZIP Jacksonville, FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PRES./DIR
NAME R. Van Dalton
STREET ADDRESS 3601 Quail Creek Rd.
CITY-ST-ZIP Oklahoma City, OK 73120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V.P./DIR
NAME James Shaffer
STREET ADDRESS 51192 CR 109
CITY-ST-ZIP Elkhart, IN 46514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TREAS/SEC/DIR
NAME Elizabeth M. Davis
STREET ADDRESS 2251 St. Johns Bluff Rd.
CITY-ST-ZIP Jacksonville, FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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)(f), 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:

Elizabeth Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

204 642 8702

Daytime Phone #

CP2E034 (9/99)