FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S44348** **(8)**

1. Corporation Name

SOUTHEAST BROADCASTERS, INC.

Principal Place of Business	Mailing Address
1020 E. LAFAYETTE SUITE 203 TALLAHASSEE FL 32301 US	1020 E. LAFAYETTE ST. SUITE 203 TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: **04/08/1991**
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business
21: 1223 Cherokee Dr
22: Suite, Apt. #, etc.
23: City & State: Tallahassee FL
24: Zip: ~~32~~ 32301 — 25: Country: ~~F~~ USA

2a. Mailing Address
26: 1223 Cherokee Dr
27: Suite, Apt. #, etc.
28: City & State: Tallahassee FL
29: Zip: 32301 — 30: Country: USA

4. FEI Number: **59-3064277** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MATTHEWS, JOHN S., JR.
1020 LAFAYETTE ST
SUITE 203
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1223 Cherokee Dr
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Section 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 Individual & Capacity/Position, if applicable) (New Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATTHEWS JR, JOHN S. 1020 E LAFAYETTE ST STE 203 TALLAHASSEE FL	☐ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1223 Cherokee Dr Tallahassee FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MATTHEWS, JOHN S. 1020 E LAFAYETTE ST STE 203 TALLAHASSEE FL	☐ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1223 Cherokee Dr Tallahassee FL 32301
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, including supplemental annual reports, 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 asterisk.

SIGNATURE: _____ DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)