

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 24 PM 12:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V29583 (4)

**1. Corporation Name
HARRIS CLASSICAL BROADCASTING, CO.**

**Principal Place of Business Mailing Address
5445 N. 118TH COURT 565 SANCTUARY DR
MILWAUKEE WI 53225 LONGBOAT KEY FL 34228-3824
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/17/1992 3a. Date of Last Report 04/29/1994

4. FEI Number 65-0335677 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

**2. Principal Place of Business 2a. Mailing Address
21 W172 N7348 Shady Lane 26
Suite, Apt. #, etc. Suite, Apt. #, etc.**

**22 City & State 27 City & State
23 Menomonee Falls, WI 28**

**24 Zip 25 Country 29 Zip 30 Country
53051 US**

**9. Name and Address of Current Registered Agent
TIRABASSI, E. RALPH
1380 MAIN STREET
6TH FLOOR
SARASOTA FL 34238**

**10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code**

11. Pursuant to the provisions of Sections 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRIS, RICHARD H.
STREET ADDRESS	565 SACTUARY DRIVE
CITY - ST - ZIP	LONGBOAT KEY FL
TITLE	D
NAME	HARRIS, JESSIE LYNNE
STREET ADDRESS	565 SACTUARY DRIVE
CITY - ST - ZIP	LONGBOAT KEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	565 Sanctuary Drive	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	565 Sanctuary Drive	
2.4 CITY - ST - ZIP		
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Harris, Randall	
3.3 STREET ADDRESS	W225 N2599 Alderwood Lane	
3.4 CITY - ST - ZIP	Waukesha, WI 53186	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bishop, David	
4.3 STREET ADDRESS	W15 N838 Tower Avenue	
4.4 CITY - ST - ZIP	Cedarburg, WI 53012	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Randall E Harris* 4/18/95 414 250 0883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR