FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V43803**

1. Corporation Name

RADIO BREVARD, INC.

Principal Place	e of Business	Mailing Address			* 1201 51141 51540 11151 1511 55145 111 5151		
HWY 46 3909 CHAMPION ROAD							
MIMS FL 32754		TITUSVILLE FL 32796			DO NOT WRITE IN THE	S SPACE	
		US	US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					06/11/1992		
2 Deinsteal D	land of Business	2a Mailing Address			4, FEI Number		Applied For
2. Principal Place of Business		2a. Mailing Address 26 3909 CHAMPION ROAD		59-3127918		lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		39 3 1279 10		Additional
22		27		5. Certificate of Status Desired	·	Required	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	-	28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year I	ntangible	
24	25	29 30			Personal Property Tax.	Yes	□No
1	9. Name and Address of Curre				10. Name and Address of New Registere	1 Agent	
* **			8	1 Name			
FREY, JULIA L			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	'NDES DROSDICK ET AL		°	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
215	n eola drive		8	3			
ORL	ANDO FL 32801		_		- Parties		0-4-
			8	4 City	F	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable. (NOTE: Re.	gistered Ag	gent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	
NAME	SEGO, E. E		1.2 NAME				
STREET ADDRESS	3909 CHAMPION ROAD			ET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-				
TITLE	THOUSELL IL	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS				ET ADDRESS			
			2. 4 CITY		•		* ***
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME		_	3.2 NAMI				
STREET ADDRESS				ET ADDRESS			
			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME		_	4. 2 NAM		·		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE			Change	e 🔲 Addition
NAME	· · · ·		5.2 NAMI	I			
STREET ADDRESS			5.3 STRE	EET ADDRESS			
CITY-ST-ZIP	•		5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITLE	<u> </u>		Change	B ☐ Addition
NAME			6.2 NAMI	E			ŀ

14. 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 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 open attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90003 010 ***150.00