

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90081 013 ***150.00

DOCUMENT # V44261

1. Corporation Name
BROADCAST OF FLORIDA, INC.

Principal Place of Business
101 E KENNEDY BLVD
SUITE 2800
TAMPA FL 33602

Mailing Address
101 E KENNEDY BLVD
SUITE 2800
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1992

4. FEI Number

59-3137882

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGLIS, JOHN S
SHUMAKER, LOOP & KENDRICK
101 E KENNEDY BLVD SUITE 2800
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	OXENDINE, JOHN E.	
STREET ADDRESS	1211 CONNECTICUT AVE., SUITE 509	
CITY-ST-ZIP	WASHINGTON DC See change	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASS, LAWRENCE J	
STREET ADDRESS	399 PARK AVE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GAMBLE, JOHN M	
STREET ADDRESS	1700 K STREET NW, SUITE 405	
CITY-ST-ZIP	WASHINGTON DC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rekha C. Henderson	
1.3 STREET ADDRESS	1700 K Street, NW, Suite 405	
1.4 CITY-ST-ZIP	Washington, DC 20006	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John E. Oxendine	
2.3 STREET ADDRESS	1700 K Street, NW, Suite 405	
2.4 CITY-ST-ZIP	Washington, DC 20006	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John E. Oxendine, President

Date

Daytime Phone #

1/12/99

(202) 496-9250

CR2E034 (11/98)