

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90198 017 ***150.00

DOCUMENT # V44720

1. Corporation Name

INTERMART BROADCASTING OF NORTH CAROLINA, INC.

Principal Place of Business

~~4810 DELTONA DRIVE~~
~~PUNTA GORDA FL 33950~~

Mailing Address

~~4810 DELTONA DRIVE~~
~~PUNTA GORDA FL 33950~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1992

4. FEI Number

59-3131894

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

21 9148 Bonita Bch. Rd.

Suite, Apt. #, etc.

22 #205

City & State

23 Bonita Springs, FL

Zip

24 34135

Country

2a. Mailing Address

26 9148 Bonita Bch. Rd.

Suite, Apt. #, etc.

27 #205

City & State

28 Bonita Springs, FL

Zip

29 34135

Country

30

9. Name and Address of Current Registered Agent

DAHLIN, PATRICIA S
4032 BIG PASS LANE
PUNTA GORDA FL 33955

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

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 DP ☐ DELETE

NAME MARTIN, JAMES E

STREET ADDRESS ~~4810 DELTONA DR~~

CITY-ST-ZIP ~~PUNTA GORDA FL 33950~~

TITLE VTS ☐ DELETE

NAME DAHLIN, PATRICIA S

STREET ADDRESS 4032 BIG PASS LANE

CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE D ☐ DELETE

NAME ROBINSON, TODD

STREET ADDRESS 2321 DEVONSHIRE RD

CITY-ST-ZIP ANN ARBOR MI 48104

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 1427

Boca Grande FL 33921

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (11/98)