

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V45009

(0)

1. Corporation Name:
THE BROADCAST TEAM, INC.



Principal Place of Business
770 W. GRANADA BLVD
SUITE 201
ORMOND BEACH FL 32174
US

Mailing Address
770 W. GRANADA BLVD
SUITE 201
ORMOND BEACH FL 32174-5180
US

3. Date Incorporated or Qualified
06/19/1992

3a. Date of Last Report
01/25/1996

2. Principal Place of Business
21 9 SUNSHINE BLVD.
Suite, Apt. #, etc.

2a. Mailing Address
26 9 SUNSHINE BLVD.
Suite, Apt. #, etc.

4. FEI Number
59-3128381

Applied For
Not Applicable

22 City & State
23 ORMOND BEACH, FL 32174
24 Zip 32174 25 Country USA

27 City & State
28 ORMOND BEACH, FL
29 Zip 32174 30 Country USA

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

PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115-2491

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 of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	EDWARDS, MARK	
STREET ADDRESS	11 MISNERS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	DELETE
NAME	TUTTLE, ROBERT J.	
STREET ADDRESS	107 ROBLE LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
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	D	Change	Addition
1.2 NAME	EDWARDS, MARK		
1.3 STREET ADDRESS	11618 JOHN ANDERSON DRIVE		
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176		
2.1 TITLE	D	Change	Addition
2.2 NAME	TUTTLE, ROBERT		
2.3 STREET ADDRESS	4 BROADCREEK CIRCLE		
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174		
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 do 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.

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

1/14/97 (904) 676-1157
Date Daytime Phone #

CR2E034 (9/96)