FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # V46102 (2)

1. Corporation Name
PARK BROADCASTING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1700 VINE ST CENTER SUITE 1700 LEXINGTON KY 40507 US	1700 VINE STREET CENTER SUITE 1700 LEXINGTON KY 40507 US

3. Date Incorporated or Qualified: 06/25/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 333 E. GRACE STREET
22: Suite, Apt. #, etc.
23: City & State: RICHMOND, VA
24: Zip: 23219-0001
25: Country

2a. Mailing Address
26: P.O. BOX 85333
27: Suite, Apt. #, etc.
28: City & State: RICHMOND, VA
29: Zip: 23293-0001
30: Country

4. FEI Number: 59-3144470 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
120 S PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	KNAPP, DR GAR B		1.2 NAME	ZIMMERMAN, JAMES A.	
STREET ADDRESS	333 WEST VIEN ST SUITE 1700		1.3 STREET ADDRESS	905 E. JACKSON STREET	
CITY-ST-ZIP	LEXINGTON KY		1.4 CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	P	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	WRIGHT, M THOMAS		2.2 NAME	DEICHMAN, EDWARD H. JR.	
STREET ADDRESS	333 WEST VINE ST SUITE 1700		2.3 STREET ADDRESS	905 E. JACKSON STREET	
CITY-ST-ZIP	LEXINGTON KY		2.4 CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VT	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	STAIR, RANDEL N		3.2 NAME	MORTON, MARSHALL, N.	
STREET ADDRESS	333 WEST VINE ST SUITE 1700		3.3 STREET ADDRESS	333 E. GRACE STREET	
CITY-ST-ZIP	LEXINGTON KY		3.4 CITY-ST-ZIP	RICHMOND, VA 23219	
TITLE	D	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	TOMLIN, DON		4.2 NAME	MAHONEY, GEORGE L.	
STREET ADDRESS	333 WEST VINE ST SUITE 1700		4.3 STREET ADDRESS	333 E. GRACE STREET	
CITY-ST-ZIP	LEXINGTON KY		4.4 CITY-ST-ZIP	RICHMOND, VA 23219	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	BRYAN, J. STEWART III	
STREET ADDRESS			5.3 STREET ADDRESS	333 E. GRACE STREET	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	RICHMOND,VA 23219	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 added on an attachment with an address.

SIGNATURE: for H.M. Morton TREASURER 4/29/97 (804) 649-6699

CR2E034 (9/96)