

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 857710 (8)**  
1. Corporation Name

**SOUTHERN BROADCAST SERVICES, INC.**



Principal Place of Business: **80 COMMERCE DRIVE SUITE B PELHAM AL 35124 US**  
Mailing Address: **80 COMMERCE DRIVE SUITE B PELHAM AL 35124 US**

3. Date Incorporated or Qualified: **09/12/1983** 3a. Date of Last Report: **02/24/1995**  
4. FEI Number: **63-0645619** 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

2. Principal Place of Business: 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip Country 25. Zip Country 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent  
**BALES, RICHARD OF KELLY, BLACK, BLACK & EARLE --1400 ALFORD DUPONT BUILDING MIAMI FL 33131**

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: \_\_\_\_\_ (Print Name of Principal Officer, Registered Agent and the Applicable Registered Agent Signature Where Applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JIMMY WOOD	1.2 NAME	
STREET ADDRESS	496 MILLER CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PELHAM AL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, BETTY ANN	2.2 NAME	
STREET ADDRESS	496 MILLER CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PELHAM AL	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHRIDGE, ELAINE	3.2 NAME	
STREET ADDRESS	1019 BRUNT PINE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MAYLENE AL	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Elaine Ethridge* **Elaine Ethridge** 7-24-96 (205) 663-3709  
Date: \_\_\_\_\_ Day(s) Prior: \_\_\_\_\_

CR2E034 (3/96)